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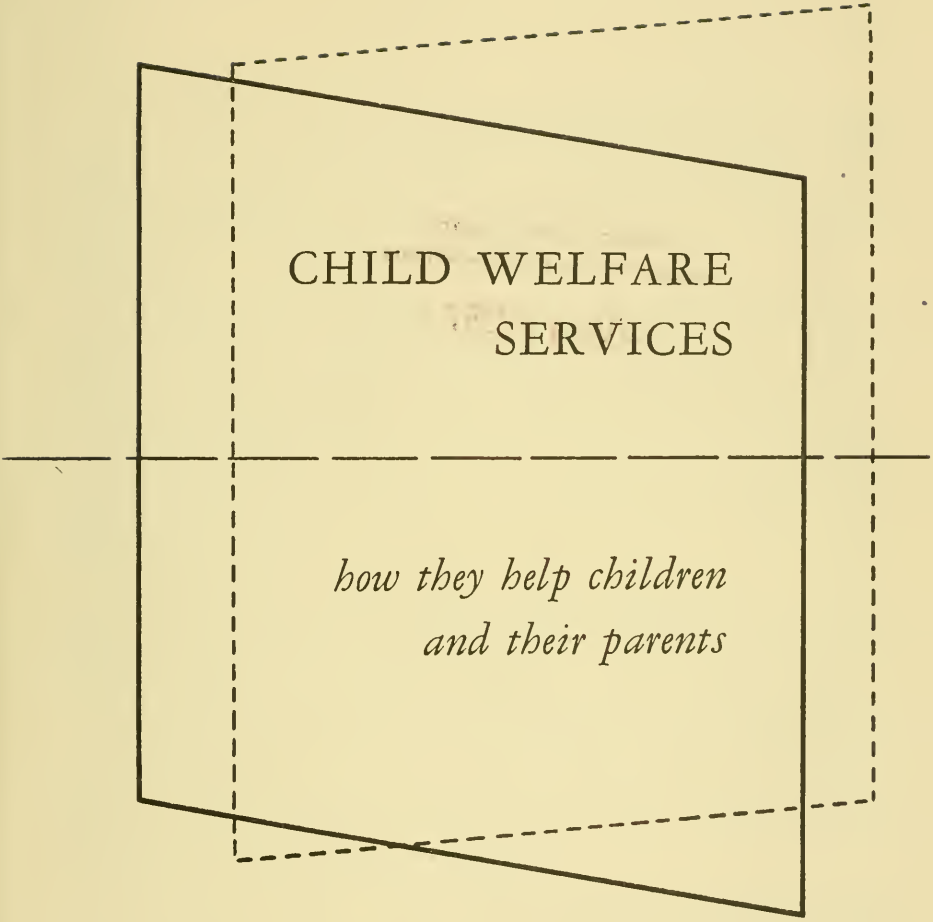
CHILD WELFARE SERVICES

how they help children and their parents



CHILD WELFARE SERVICES

how they help children and their parents

U. S. Department of Health, Education, and Welfare
Social Security Administration, Children's Bureau

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Foreword

As we look back at the way child welfare programs have developed and ahead to the time when the services provided in these programs will be available to all children in our country who need them for healthy growth, the vista is indeed long. We have come a long distance on the path toward adequate care and protection for all children; yet we are still far from our destination.

This pamphlet comes at an important moment in the history of child welfare programs. It describes the services in terms of the best knowledge we have accumulated during a long history—and forecasts a future when this quality of service or better will be available wherever children live.

As a country, we have always had a deep concern for our children. In the early years each community cared for its own. Then the base of concern widened and States and local communities joined forces in caring for homeless and destitute children through public and voluntary institutions and agencies.

The base for action continued to widen until, at the present time, Federal, State and local public and voluntary agencies coordinate their efforts to advance the well-being of children. Now the focus of service is on building or maintaining life for children within a family setting.

Protective services illustrate this progression. They began as a way of removing children from parents who neglected, abused, or exploited them. Now the emphasis is on casework services that help such parents give their children better care and, in most instances, make it possible for the children to remain in their own homes.

Since 1935 social services for children, especially in rural areas, have expanded under the child welfare services provision of the Social Security Act. The aid-to-dependent children program under this Act gives children who are deprived of the care of one or both parents a better start on the road to maturity within their own family than they would have had without this assistance. The recent amendments relating to services within the public assistance programs underline the importance of these programs for maintaining family life and enhancing the well-being of children.

No community has all the child welfare services of the quality set forth in this pamphlet. But a heartening number have some of them—and many communities have made important and pioneering contributions to social services for children, of which child welfare services are a substantial part.

The audience for this pamphlet is primarily child welfare workers. Supervisors, administrators, board members, councils of social agencies and

community leaders will find much here to help them in planning and carrying out child welfare programs. People from other professions—doctors, nurses and health workers generally, teachers, judges, police—will find this picture of a good child welfare program useful in understanding the scope and purposes of the program and in referring children who require such services.

This pamphlet was written during Dr. Martha M. Eliot's tenure as chief of the Children's Bureau. It has had her steady interest and encouragement and reflects many of her ideas and suggestions.

The pamphlet, itself, is the product of many minds. It grows out of many discussions and considerations carried on by the Division of Social Services. Reviews and comments on the document were obtained from many other members of the Bureau's staff and the Bureau of Public Assistance. This pamphlet was written by Mrs. Annie Lee Sandusky, Consultant on Social Services to Children in Their Own Homes.

Staff members of public and voluntary children's services contributed, too. Case examples from these agencies show how these services can and do help children. For the time, interest, and cooperation of all of these people and these agencies the Children's Bureau is truly grateful.

Acting Chief, Children's Bureau

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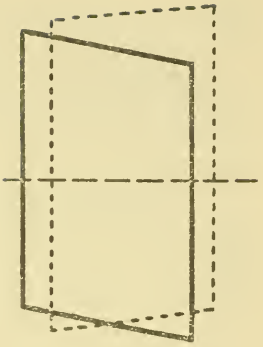

how they help children and their parents

THE WORLD WILL BE what the next generation makes it. The most important task facing America today is to rear a generation of citizens who can help achieve a secure and peaceful world.

We have much new knowledge about what children require for healthy growth and development. If we put this into practice, America could start a whole new generation of children on the road to healthy growth—mentally, emotionally, and socially. Though knowledge is far from complete, enough is known to insure children good conditions for growth.

Conditions for Healthy Growth

Children grow and develop in the favorable climate of warm, human relationships and the nourishing soil of good social conditions. In our society parents have the primary responsibility for providing the care and guidance of their children. Children need good, stable families, capable of providing them with a haven of security in a changing, uncertain world and the incentive to move from one stage of development to another.

But parents and families, no matter how adequate, cannot provide all of the essentials to healthy growth. Parents' care must be reenforced by adequate community resources. Such community resources as education, social services, health protection and medical care, housing, leisure-time

and recreational pursuits, religious and spiritual guidance are aids to parents in their task of child rearing and all support stable family living.

This pamphlet is concerned with social services to children provided by child welfare agencies, public and voluntary. In this context social well-being is defined as the child's ability to function adequately in his social relationships in his family, in the community, at school, at work.

For wholesome growth and development, children require adequate physical care and nurture, satisfactory social relationships, and rich opportunities for stimulation of their mental capacities. Neighborhood conditions also wield a potent influence on the way a child grows.

Every child, like every adult, faces difficulties in the process of living but most children with the help of their parents and other people surmount them. Others cannot do so without special help. Child welfare services provide or make available this help to children and their families when this is necessary to promote healthy development of the child. Child welfare programs, like other community programs, also contribute to the social well-being of all children through activities designed to foster healthful family and community living.

Child welfare agencies provide social services to parents who are concerned about the behavior of their children or their relationship to and their care of their children. These agencies also provide these services to children who need help because of difficulties in their relationships with their parents; who are threatened by impending family breakdown or disruption by sickness or death of a parent; who are neglected, abused or abandoned; or who are unable to function satisfactorily in their personal and social relationships.

These services are initiated when the child's behavior reveals that he is experiencing difficulties in his social relationships; or when the circumstances surrounding him deprive him of opportunities for healthy growth. Although the child's difficulty, whether personal or arising from a family or community situation, is the signal for help from child welfare agencies, it does not determine the dimensions of the help offered. Parents' needs, problems and desires must be taken into account if the child's problems are to be solved. Often the best way to help a troubled and unhappy child is through his parents.

Social services to children are specialized services. They are specialized services because the basic knowledge and skills of the social work field must be tailored to meet the specific needs of children.

Children have characteristics that are unique to them. They are in a process of physical, emotional, social and intellectual growth—and this process itself creates needs that are distinct from those of adults.

Children and youth do not have sufficient experience in living on which to draw in solving problems. They must gain this experience gradually. Young children have not acquired facility with language—they express themselves through their behavior and their play.

Children learn to relate to the realities of living through their play.

They master some of the problems of living through games, toys, and make-believe. Play affords experiences for growth of skill in human relations—child with child, child with adult, team play, learning how to win and how to lose, and a multitude of other things. Play also provides opportunities for optimum physical development, dexterity, coordination of eye and hand, mind and body.

For all of these reasons, providing social services to children and youth differs markedly from providing them to adults. Social workers who work with children must not only have a thorough-going knowledge and competence in social work processes but must also have a thorough knowledge of the growth and development of the child and his developing relationship with his parents, brothers and sisters, and others in his immediate environment. They must have specific skills in developing relationships with and in communicating with children—skills which must be deepened by day-by-day experience over a period of years in providing social services to children and youth.

Because of the child's immaturity and the lack, or incapacity, of a responsible parent, child welfare workers must assume a greater degree of responsibility for children than social workers would ordinarily for an adult. The child welfare worker must frequently decide whether a child should remain in his own home or be placed away from his home and make such recommendation to the court. Even when parents request placement, and placement is considered the best plan for the child, the child welfare worker has responsibility for carrying out this plan. When a child needs adoptive placement, the child welfare worker must make the decision as to which adoptive applicants will best meet the needs of *this* child.

Thus, the child's present and his future, his opportunities for good growth may depend on the wisdom of the decisions made by the worker. The size and weight of responsibility that the child welfare worker carries for children is great.

The Vanguard for Healthy Growth

Child welfare agencies, then, have a two-fold objective. They safeguard and promote the healthy development of children through activities that enhance opportunities for children to grow in health and happiness. They provide social services and facilities that alleviate the difficulties caused by adverse social conditions or those revealed through the child's inability to function adequately in his personal and social role. But these agencies, alone, cannot advance the healthy growth of all children—the contribution and cooperation of all professions, agencies, and organizations in the community must be in the vanguard for children.

Although parents *do* have primary responsibility for providing the care and guidance of their children, because of the complex and interdependent nature of our society, parents' care must be supplemented by adequate community resources. Such resources as education, health protection, medical care, social services, a sanitary and safe environment, and to some extent housing have been accepted as community responsibilities. Doctors, ministers, teachers, nurses, leaders in recreation and character building activities, social workers, and other civic-minded people contribute individually and collectively to the task of promoting the total well-being of children.

Some children for various reasons are denied opportunities for healthy growth and development within the family and in the community. The absence of one or both parents, because of death, desertion, divorce or physical or mental illness; conflict in marital relationships; economic pressures and insecurities due to loss of income or inadequate income; demoralizing neighborhood influences; and immaturity and inadequacy in parents thwart and distort children's developing personalities. Under such circumstances, parents and their children often need help in addition to the broad community resources that have been established for all parents and children.

For certain children and their parents, income maintenance has been accepted by the Federal and State governments as a public responsibility through such programs as aid-to-dependent children, old-age and survivor's insurance, aid to the permanently and totally disabled. These provisions carry forward and reenforce the philosophy developed at the first White House Conference, called by President Theodore Roosevelt in 1909, that no child should be removed from his home for economic reasons alone.

Some children are benefited through programs of old-age assistance and aid to the blind. Some local governments accept the responsibility for financial aid to other families and children who do not fall within these categories. Communities have also accepted responsibility for providing child welfare services for those parents and children who require such services.

Although child welfare services are designed primarily for children with personality difficulties or social problems, all of these children do not require the services of social agencies. Some are helped by staff in health agencies, schools, or elsewhere. All persons in helping professions with responsibility for children should be equipped with knowledge about human behavior, child growth and development, the kind of care, protection, guidance and experiences children require for full growth and development. If armed with this basic understanding of children, the teacher, doctor, nurse, minister or recreation worker, and others concerned with the total well-being of each child are better able to promote his personality growth, as they work with the child and his parents in their area of special competence.

This does not mean of course, that doctors, nurses, teachers, ministers, and social workers use this knowledge in the same way. Rather it means that, within the framework of their own specialized service, they all influence the total development of the child and help parents to understand what might be expected at various stages of development. When the nature of the child's difficulty grows out of his inability to function in his social relationships or damaging circumstances within his environment, then the doctor, nurse, teacher, religious leaders or others should refer the child and his parents to child welfare or other social agencies providing services to children. And child welfare workers, in turn, should refer children and their parents to other community agencies when this is required to advance their well-being.

Social services that alleviate difficulties growing out of adverse social conditions or those evidenced by inadequate social functioning are provided by many social agencies and by social workers employed in agencies within and outside the field of social work.

Within the social work field, social services to or for the benefit of children are provided by family, combined family and children's, and public assistance agencies, as well as by child welfare agencies. For example, financial assistance is a social service when provided in such a way as to maintain the dignity and self-respect of the recipient, to help him find and use resources within himself and the community and when the grant is sufficient to meet basic minimum needs, and is received regularly.

When provided in this way, aid-to-dependent children strengthens family life by releasing parents' capacities to give good care to their children and to meet the problems of everyday living.

Some families receiving aid-to-dependent children have problems of such nature that specialized help is required. When problems in such

families are reflected in neglect or other inadequate care of the child, or in the child's behavior, child welfare services should be available to these children as to other children in the community experiencing similar difficulties.

Social workers in schools, probation officers connected with juvenile courts, medical social workers in hospitals, public health programs, and other medical institutions, psychiatric social workers in child guidance or mental health clinics also provide social services to or for the benefit of children.

The child's behavior, or the damaging circumstances under which he is living, brings the child and his family to the attention of public and voluntary child welfare agencies. The situation comes to these agencies because either the family sees the problem as related to the child or the community sees it as happening to a child. This is what distinguishes child welfare agencies from other social agencies.

When the child is unable to function in his social environment because of his own emotional conflicts, child welfare agencies appraise and deal with these difficulties. Social casework can be an effective tool in helping a child when he is sufficiently tuned to reality that he can be helped to deal with his own problems. But when the child is so damaged that some degree of personality reorganization appears essential, psychiatric help is required.

Thus cooperative efforts of all professions, agencies, and institutions are required to meet the social and emotional needs of children. For example, child welfare services can accomplish little unless adequate health measures and medical care safeguard the child and his parents. Unless families have opportunities for employment, a sustained income during periods of unemployment, and public assistance in times of economic stress to enable them to maintain a decent standard of living, children's chances for healthy growth are diminished.

An effective total program of services for children must rest upon the solid foundation of many people and many agencies working together toward a common goal of protecting and promoting the healthy growth of the child. Courts and law enforcement agencies are essential for the protection of the child, his parents, and the community. Psychiatric services are required for the diagnosis and treatment of some children and their parents. Education and recreation programs, vocational guidance and training, religious programs all make their contributions to the social well-being of the child. Child welfare services to be effective must be a part of a whole battery of cooperating community facilities and services.

Children Do Not Fit Categories

Child welfare services provided by voluntary and public child welfare agencies directly to or in behalf of children can be grouped and described in a relatively concise and purposeful statement. But the children themselves cannot be so clearly grouped since social and health conditions or calamities which endanger or damage children occur regardless of the economic or social status of their families. Hence child welfare services are equally appropriate to individual children from any economic, social, ethnic, religious, cultural, or age group.

Moreover to attempt to describe who the children are for whom the services exist on the basis of categories of behavior does not reflect the infinite variety of individual differences in handling life experiences. To list children by behavior groupings also conceals the necessity for "tailor-made" efforts to resolve the problems of this troubled child or that child in difficulty with the law.

Historically, it is true, certain groupings of children have been developed: by law, "dependent, neglected, incorrigible, and delinquent;" by medical, psychological, and social diagnoses, "mentally retarded," "psychotic," "emotionally disturbed."

But the fabric of all large umbrella categories has been stretched to shreds. It is through discerning the child, regardless of the labels, that the child welfare agencies find the cues as to what to provide themselves, or to ask others to provide, to help the particular child and his family make the most of their combined potentials for healthy growth of the child and for better human relationships.

So it is that child welfare agencies offer a variety of social services to children and their parents regardless of the social and economic groupings from which they come, regardless of where the child is at the moment (ill at home with a chronic disease; in the hands of the police in a distant city), regardless of descriptive labels; and regardless of the complexity of causes which have disturbed or seriously threatened to disturb a child's chance to make the most of his present capacities and his developmental potentials.

The Breadth of Child Welfare

Experts in many fields, including social work, and from many countries agree on the importance of parent-child relationships to the child's physical, social, and emotional growth. The child is the product of what he brings into the world and his experiences after birth.

His parents, especially the mother, create his first experiences. The way the mother takes care of the infant's physical needs—feeding, bathing, soothing him—affects his physical development and his social and emotional growth. The infant experiences satisfaction, contentment, and happiness when his hunger is satisfied, when he is changed or bathed, and when he is made to feel comfortable. These feelings are related to what is done for him, and are carried over to the mother who does them.

The interplay between the child and his parents influences the direction his developing personality will take and shapes the pattern of future social relationships and personality development.

The child's need for his parents and the importance of parent-child relationships for his healthy growth is of paramount significance, beginning with those first crucial years of infancy; and on to maturity.

Our present-day understanding of the process of growth and development of children is reflected in the programs and social services offered by child welfare agencies. The quality of the relationship between parents and child determines the plan of care and the direction of services.

Child welfare services safeguard and build strong parent-child relationships wherever possible. This is done for many children by providing social services to them in their own homes and to their parents; for some, through foster care; for others, through adoption.

Child welfare services can be roughly classified into these three areas. They can also be categorized in accordance with the methods used in giving them. Here services will be viewed from both of these vantage points.

Although child welfare workers concentrate, for the most part on services to individual children and their parents, they also work with groups and participate in community organization.

Services to individual children and their parents

In providing services to individual children and their parents, the relationship between the worker and the parent or the child is used to free the individual's capacities to deal with a problem. The interview is

the channel through which this relationship flows.

Through the interview, worker and parent or child explore the problem together, examine its various aspects, gain some awareness of its probable causes, and the possible solutions and their consequences. On the basis of this understanding, the parent or child may be able to arrive at a decision about his problem and work toward a constructive solution.

Children in their own homes

Child welfare services are provided to children in their own homes when the home appears to hold positive values for the child and growth and change are possible. The feeling tone within the family, the meaning parents and children have for each other, the desire and capacity on the part of parents for change to benefit the child are factors to be considered in evaluating a home. The objective of the service is to help parents increase their capacity for the parental role and to help the child achieve good relationships with his parents and with others.

Many parents seek help: Parents often come to child welfare agencies for help with their children's difficulties. The problems they bring range from those in which an essentially healthy child is reacting to unfavorable conditions in his environment to those which reveal serious emotional difficulties in the child.

In some of these situations work with parents alone is sufficient to improve the environment for the child and, in turn, affect his behavior. In others, direct work both with the child and his parents is required. In still other instances, major emphasis is on work with the child because either the problem is centered in him or the parents' limitations make the prognosis for their growth and improvement poor.

Many parents who seek help from child welfare agencies only require support or reassurance from the child welfare worker in order to make plans for and decisions about their child. They are able to handle their own affairs on a realistic and sound basis. The child welfare worker may assist them by exploring with them and explaining what happens as a child's personality grows and develops and changes, and what the role of the parent is; by providing information; by helping them evaluate various alternatives; or by pointing out community resources.

Other parents may be so confused or overwhelmed by their child's problem that they need intensive and continued help from the worker. This was true of Mrs. J. who came to a child welfare agency for help in placing her son, Henry, age 11, in an institution. For several years, Henry had been stealing from home and elsewhere. His mother was at her wits' end. She had decided that placing Henry in an institution was the only course open to her.

> **I told Mrs. J. that if she had made up her mind that she really wanted to send Henry to an institution, the only thing we could do would be to help her get him admitted. But if she was interested in exploring other ways**

of helping Henry with his problems, we could help her do so.

I asked her if she had ever tried to get help for Henry from an agency equipped to give it, and she replied that the only thing she had done was to take Henry to the police so that they could threaten him. She had told Henry many times that if he did not behave, she would have him sent away. Apparently Henry considered this an idle threat since he paid no attention to it. This time the mother was determined to do something.

Mrs. J. feels that she has let things go too long, that it is too late to help Henry. I asked her if what she was saying meant she was throwing up her hands now and admitting that she had failed as a parent.

Tears came to Mrs. J.'s eyes. She said she thought perhaps this was so; she guessed this was what it meant but this was the first time she had admitted this to herself. Maybe she ought to give herself and Henry a real chance to work things out before she took such drastic steps, although she was not sure how much good it would do.

Although Mrs. J. had come with a request for help in placing Henry in an institution, the child welfare worker knew that it was important for her and Mrs. J. to understand Henry's difficulty before deciding what service would best meet his needs. So instead of moving ahead to help Mrs. J. get Henry committed to an institution, she suggested that he might be helped in other ways.

The worker helped Mrs. J. look at her own motives in wanting to place Henry in the boys' school. Was she just getting rid of the problem and punishing Henry? What had she done about the problem before?

By discussing such questions as these, both the worker and Mrs. J. gained some awareness of how she had been functioning in relation to Henry. She not only had not assumed responsibility for helping Henry herself but she had tried to shift the job to others, to the police, and now by threatening to send Henry to an institution for delinquent boys. When Mrs. J. faced the fact that what she was doing now amounted to "throwing up her hands and perhaps admitting that she had failed as a parent," she was able to say that she wanted to *give herself* and *Henry* another chance to work things out.

The worker helped the mother look at the happenings in Henry's life and how these may have contributed to his difficulties:

I said that I realized that she had probably had a very difficult life from what she had told me about her first marriage. Perhaps her present difficulties with Henry seemed more than she could bear. Her eyes again filled with tears and she said she certainly had had a tough time.

Her husband had been working when they were married, but shortly after became unemployed. She had had to work off and on during the 12 years of their marriage.

How long had she been married when Henry was born? She said she was married in September, and that Henry was born the following July. At the time they were getting general assistance. Later her husband had a small part-time job but they had had a very hard struggle to get along. Finally they were divorced. After this, Henry lived with first one parent

and then with the other parent.

I commented that probably she was not too happy at the time about her pregnancy and she admitted that this was so. She felt that everything was going so badly that it seemed terrible to have a child. We talked a little about what this might mean in terms of her feelings about Henry. Mrs. J. said that maybe that was the reason she had not felt the love for Henry that she would have otherwise.

She said that Henry had always been a difficult child, but that his stealing didn't start until about five years ago. She used to think that maybe part of Henry's difficulty was that he had not had the attention that he should; but since he had come to live with her again after her second marriage, he had had a great deal of attention and it did not seem to make any difference . . . .

Then the worker turned to Henry's present experiences in the home to see whether they could be contributing to his difficulties.

Did she think that Henry was really happy with her and her present husband? She said that Henry and Mr. J. bickered all the time. In response to my comment that perhaps her husband resented having Henry in the home so soon after they were married, she said she guessed that Mr. J. and Henry really were jealous of each other, since so often they both demanded her attention at the same time.

Mr. J. seems to like Henry but actually doesn't take any real interest in him. He tells her that Henry is her problem, that Henry means nothing to him. I wondered whether perhaps Henry was reacting to this feeling on Mr. J.'s part and she thought that he probably was. She said, however, that it was impossible to get Mr. J. to do anything constructive with Henry; that she had tried to talk with him about this but that he would make no effort.

I said that maybe if Mr. J. knew that she was trying to get help for herself and Henry that he might become interested and perhaps would want to talk with me about his feeling concerning the situation, too. Mrs. J. said that she wished I could talk with Mr. J., but she doubted very much that he would be willing to take any responsibility.

In this part of the interview, the worker realized that if Henry is to be helped through services provided in his own home, the stepfather must be involved at least in the exploration of the problem. From this the worker might determine to what extent he should and has the capacity to be involved in treatment.

The worker, then, prepared Mrs. J. for the fact that she would want to see Henry and that Henry's behavior would not change over night.

As she made the appointment for Henry, the worker explained that Mrs. J. should tell Henry why he was coming and that the agency was different from the other places he had been taken to. He would not be threatened. The worker simply wanted to help him with his problems.

At this point Mrs. J. stated that talking over the situation with the worker had helped.

Some of the causes of Henry's behavior seemed clearer to her now; she had really known all along her feelings about Henry and that her unhappiness in her first marriage had something to do with Henry's behavior,

but that she never admitted this to herself before. She would like to work with me for a while and see if she might not be able to keep Henry with her . . . .

Some parents like Mrs. J. are able to do something about a problem as soon as they begin to understand it. With this clearer understanding comes a change in thinking and in feeling. The parent feels differently about the child or the other parent since he is able to see him in a different light. The child, in turn, begins to react favorably to the changed atmosphere in the family or to the parents' changed attitude and behavior toward him.

Some parents are unable to discover for themselves what is causing the difficulty as the worker talks with them. Others are not at the point where they can face their own responsibility in it. Some do not see the connection between past experiences and present difficulties as did Mrs. J. Because of this, the worker must evaluate where the parent is in his thinking and feeling, and what he may be able to do.

What the parents are able to do may be something definite and tangible, even though small. Whatever it is, this something must be of concern to the parents and important from their viewpoint. Such things as taking the child to a clinic for recommended treatment, getting the children to school on time and regularly, making the home more inviting may be immediate steps that the parents are able to take.

The satisfaction that comes from successful accomplishment even in a small way builds the parents' confidence, increases their self-respect, and serves as an incentive for further accomplishment. For the parent, accomplishment in such tangible areas often has emotional and psychological implications that affect his attitude toward himself, his marriage partner, and his child, and, indeed, builds and improves good relationships with family members. When help with tangible things is based on understanding of the situation and the persons involved, it is skilled casework in the best meaning of the term.

Some parents are so limited or have such deep-seated personality difficulties, that their chances of improving through casework or even with psychiatric help in their present stage of development, are almost nil. In such instances, the only way help may reach the child is through casework directly with him. Even in such situations, parents are still involved to the extent that they are able to free the child for a constructive relationship with the worker. They must want this service for the child and be able to permit him to use it. At the same time every opportunity must be offered parents to give them a chance to participate naturally in whatever way they can.

Protective services required when children are neglected or abused: Protective services are provided to children living in their own homes who are seriously neglected, abused, or subjected to demoralizing circumstances by their parents or others responsible for their care. Usually the parents

of these children do not request help from agencies. In most instances the plight of the children is discovered by neighbors, school officials, educational or medical agencies, or the police and the situation is then brought to the attention of the agency responsible for protective services. In some instances, the agency discovers the plight of the children in giving some other service.

The best way to protect children is to help parents if possible with the difficulties that lead to neglect or abuse of their children. Under such circumstances, the agency reaches out to the parents and offers them the services the evidence shows are needed to improve the lot of the children. When these parents are approached by workers who are free of prejudice and condemnation, who want to understand and help, most of them can and do respond.

In order to safeguard the rights of parents as individuals and their right to privacy in the home, the agency must secure specific information about the conditions of neglect or abuse from the person bringing the situation to the attention of the agency. This evidence must show that something is happening that is damaging to children if the agency is to seek out their parents with an offer of help. The person making the complaint should know that he may be called upon to give testimony in court in the event the parents refuse the offer of services.

The agency has the responsibility to act promptly on the complaint and to report its decisions and the reasons for them back to the person or agency making the complaint—whether the decision is to help the parents to improve the situation for the children or to file a complaint at court in order that another plan of care for the children may be made.

The question of confidentiality of the relationship between the agency and the parent is frequently raised about reporting back to the person bringing the family to the attention of the agency. This is not a violation of confidentiality since the person who told the agency about the plight of the children knew the conditions before the agency knew them, and so do many other people.

In reporting back, the agency simply states whether or not the conditions as described have been observed. At the same time, if the decision is to work with the parents, the worker explains why it has been made, the evidence that shows the parent's ability to improve, and the fact that improvement may come slowly, with some reversal at times to old patterns of behavior.

Through this approach the complainant may see the parents in a new light and become a friend and supporter to them. This is important since the objective of casework service is to help the family to function more adequately in their community relationships as well as in their personal and intrafamily relationships.

Sometimes providing protective service is thought to differ from providing services to children living in their homes whose parents request help

on the ground that the family is not free to withdraw from the service. But the parents are free to withdraw from the agency and to refuse the service. In doing so, however, they must accept the consequences. On the other hand, the agency is not free to close the case and make no further effort to improve the condition of the children. If the situation does not or cannot improve, the agency has the responsibility of bringing it to the attention of the court for the purpose of seeking a better plan of care for the children.

In recent times many social workers have grown unaccustomed to offering help to people who have not requested it. One of the major difficulties a worker encounters in initiating services to parents when the well-being of children is in jeopardy lies in his [1] own fears and confusion about authority. Partly this grows out of fear of the unknown—a client he has not seen, who may not want service, and who may reject the offer or be resistant to accepting it.

Hostility and resistance is a natural reaction when a parent's adequacy as a person and as a parent is being challenged by the community. If the worker is able to accept the fact that some reaction on the part of the parent is to be expected, he will not feel that the parent's hostility or resistance is directed toward him as a person. Then he can permit the parent to express his real feelings and even help him do so, if necessary.

Also the worker will not be misled by the opposite reaction when the parent is docile and acquiescent, readily admits his neglect of his child, and assures the worker that henceforth everything will be all right. The worker's ability to accept whatever feelings the parent expresses and to remain objective, to meet hostility without being hostile is the first step in establishing a constructive relationship with parents.

Child welfare agencies and child welfare workers frequently think that a special kind of authority is required to provide protective services. Authority to provide such services is given to social agencies by law or by articles of incorporation. The agency has both the right and the responsibility to provide the social services to the group of people it is designated to serve and carrying through on this is responsible action.

In situations involving neglect of children, many overwhelming problems are usually present and child welfare workers may be confused as to where to begin. In some instances, what seems most important to the parents may not appear to the child welfare worker to have direct relationship to the neglect or abuse of the child. But since the most effective way to help the child is through the parents, the place to begin is with the parents *where they are now.* For example:

> **The court referred the R family to the child welfare agency to study the situation and recommend a plan of care for the children. A complaint**

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[1] In this pamphlet the masculine pronoun is used in referring to the child welfare worker even though the vast majority of workers are women. But since men are coming into the field in increasing numbers, this use does not seem inappropriate.

had been filed at court for the removal of the children from the home because of gross neglect by the parents.

When the child welfare worker came to the home to discuss the problem of neglect, the mother talked only of her own ill health and the medical care she needed. Even though the worker made clear to the mother why she was there, and the information the agency had received about the neglect of the children, the mother continued to respond with complaints about her health and the doctor's recommendations that she had not been able to follow.

The worker listened sympathetically to the mother and urged her to go back to the doctor for a thorough physical examination. Even though prior to this time, serious marital difficulties existed between the parents, the father, moved by the worker's interest in his wife, encouraged her to return to the doctor and agreed to accompany her.

The worker helped the parents to secure and use resources for carrying out the operation recommended by the doctor. The relief official had filed the petition at court for removal of the children. But as a result of the worker's explanation of the situation, he agreed to provide funds to defray the expenses of the operation. As the mother's health improved, relationships within the family and care of the children improved. The worker reported to the court that the parents were giving better care to the children and recommended that they remain in the home.

Both the children and the community benefited by this solution. For the children, family ties were kept intact and they were able to receive the care they needed in their own home with their parents. The community was saved the expense of maintaining the children in foster care. In this situation the child welfare worker helped the parents in practical ways at the point where they were able to take hold.

The process of helping parents and children in situations of neglect or abuse is the same as helping parents and children for other reasons. The worker, although frankly telling the parents about what has been reported as to their neglect or abuse of the child, permits and encourages them to tell their side of the story. The day-to-day difficulties, pressures, and anxieties of the parent are recognized and considered.

Frequently parents refuse to admit that any difficulty exists—they deny neglect or abuse. By holding parents with understanding but firmness to the evidence of neglect or abuse and by not permitting them to minimize or slough off the problem, they are helped to face and accept its reality. This is the first step toward being able to do something about it.

The case of Mr. and Mrs. A. is an example of how a child welfare worker helped parents face the reality of the father's abuse of his two boys.

The teacher of John and Bernard A., age 8 and 10, reported to the child welfare agency that she thought the boys were being abused by their father. On a number of occasions, the boys had come to school bruised and cut. When asked by the teacher, the boys said their father had done this to them. The teacher also stated that both boys wet and soil themselves frequently at school.

Following are excerpts from the worker's first interview with Mr.

and Mrs. A. and a later interview with Mr. A. in the home.

> I called ahead for an appointment with the parents. When I arrived at the home, Mr. and Mrs. A. were working near the barn. Mrs. A. finished her chores and returned to the house with me, but Mr. A. went on working without acknowledging my presence.
>
> When I told Mrs. A. the reason for my visit, she nodded and said she had warned Mr. A. that "something like this would happen." The mother said that there *was* a basis for the complaint and stated that "it is my husband's fault." She knew that at times he had hit the boys hard with a board or thrown something at them when angry. But she didn't see what more she could do about the situation. She and her husband had argued and fought about his treatment of the boys with no result. The situation was hopeless as far as she was concerned.

The worker had to make a second visit to the home in order to talk with Mr. A.

> Mr. A. was working on the fences of a nearby field when I arrived. He was a husky, rough appearing man, unshaven with rather sullen expression. He stopped long enough to talk briefly, but did not show much concern about his treatment of the children. He felt that there was no problem and denied that the physical marks had been "his doings." He said the children were "always falling down or banging into something" and that he had other things to do besides watching out for them around the farm.
>
> I told Mr. A. that his explanation of the boys' injuries was not borne out by others and that I had questions in my mind as to how the boys were injured. I explained that I wanted to be helpful to him and to the children and would continue coming to the home to talk to them about it until things had improved.

On the third visit the worker was able to interview Mr. and Mrs. A. together, even though Mr. A. was still reluctant.

> Although Mr. A. showed little understanding of the problem, he agreed with Mrs. A. that "something probably needed to be done." He acknowledged that he did not know why these things happened and continued to place most of the responsibility for decisions relative to the children upon his wife . . . .

The worker's firm but kindly and respectful approach to Mr. A. helped him to understand and accept the fact that his abuse of the boys was the problem of concern. Having faced this he was able to say "something probably needed to be done."

Parents need a chance to tell why difficulties exist. By listening to them, the worker gains some understanding of the parents themselves, the problems they are meeting, their relationships with each other and with their children. By questions or comments the worker helps the parents talk about what they have tried to do about the situation and with what results; and what they think can be done about it. Just as occurs in all casework, the worker and the parents define the goals to be reached in treatment through the process of looking at and understanding the problems and the circumstances contributing to them. Frequently the process itself

eases the situation—and parents, themselves, are able to move in the direction of doing something about it.

As the parents, step by step, are able to move toward more adequate care for their children, the worker makes suggestions, supports realistic plans and decisions, commends and encourages improvement. If parents lapse into old patterns of behavior, the worker understands why this happened yet at the same time keeps the goal of better care for the children constantly in view.

Some parents cannot improve their ways of dealing with their children. Others do not want to be parents. When the relationship of the parents with the child and the conditions under which he is living are so damaging that the child has little opportunity for healthy development, another plan of care may be the answer.

To bring this other plan about, the child welfare agency must file a petition at court, since only courts can alter the legal relationship between the child and his parents. The child welfare worker helps parents look upon the court procedure as protection to them and to the child against arbitrary removal from their home. Parents may also be helped to see that through separation from their child to insure better care for him and to provide him with an opportunity for wholesome growth, this, too, is a way and a most difficult one to carry out their responsibilities as parents.

Whether parents request help for the child from the agency or protective services are given on agency initiative, the use of community resources is a vital and important part of providing casework services to children in their own homes. In many situations the major emphasis is on helping parents make constructive use of the community resources available to them—public assistance, health agencies, schools, recreational groups, churches, and others.

Homemaker service keeps families together: Homemaker service is used by child welfare workers so as to make it possible for children to stay in their own homes and to bridge the gap caused by the absence of the mother when she has been hospitalized, when she is incapacitated but in the home, and, in some instances, when she has died. Often the service is a preventive to placement away from home.

In communities without homemaker service, the only alternative for a child welfare worker faced with the problem of helping a family to plan for the care of the children when the mother is out of the home and there are no relatives or close friends who can step in and take over, is to place the children in foster care. The children are not only faced with the hurt, and sometimes panic, caused by the loss of the mother, but in addition they also experience the loss of companionship with their father and with their brothers and sisters, if the family is large. The loss of familiar surroundings in their own home, neighborhood and school, and the problem of adjusting to a strange home, family, neighborhood, and school adds to their burden of loneliness.

We now understand more clearly the damage done to the child when he is uprooted from the security of his own home, family, and familiar surroundings. We also know that the child can handle his feelings better about the loss, temporary or permanent, of his mother when he has the support and security of his father, brothers, and sisters in surroundings that he has been accustomed to. And it is for reasons such as these that communities sponsor homemaker service.

Programs of homemaker service are found under a variety of auspices. The majority of these programs have been developed as part of the services offered by voluntary and public social agencies. Some programs have been developed by medical agencies and a few are independent agencies.

Regardless of the auspices under which homemaker programs are developed, casework services are an integral part of the program. These services help parents to decide and the agency to evaluate whether or not homemaker service is the best way to meet their own needs and the needs of their children. Once the decision is made to use the service, the agency helps the family make the best use of the service; and the homemaker to adjust to and work with the family.

Just what are the responsibilities of a homemaker as she comes into a family needing her services? The homemaker is responsible for managing the home and for planning and carrying out household routines. She provides emotional support and sympathetic understanding. She shares responsibility with the father for care, guidance, and protection of children during the absence or illness of the mother. When she is working in families in which the mother is a widow, divorced or deserted by her husband, she assumes the entire responsibility for the home while the mother is out of the home. In performing her tasks, she enters into the life of the family and has a direct influence on the attitudes, behavior, and relationships of the individuals in the family.

Although she performs some of the same tasks as a housekeeper or domestic worker, such as cooking and serving meals, housecleaning, laundry and mending, the homemaker's responsibilities are much greater. She must be able to make decisions and perform household tasks without day-by-day direction or supervision. A homemaker who had formerly done housework expressed this difference in talking about her three month's experience as an agency homemaker: "Being a maid is much simpler than being a homemaker; but it is much more interesting to be a homemaker. You learn so much and you really help people."

The responsibilities of the homemaker and the tasks she performs are clues to the personal qualities and skills she must possess to be successful. Her effectiveness depends in large measure on her personal qualities and the extent to which she is able through her relationships and activities to meet the physical and emotional needs of the family to which she is assigned.

Consequently, a homemaker must be a person with a genuine liking for people—warm, understanding, sympathetic, and flexible in her relationships. She should be able to establish good relations with a variety of people and to adjust to the demands of a variety of situations. She should possess a high degree of sensitivity, tact, and patience together with a genuine desire to help others and to find pleasure in it. She should enjoy children and have a capacity for mothering; and be able to free herself enough from her own problems to enter into the life of the family in which she is placed with the objectivity necessary to be helpful.

Her ability to work under supervision is of major importance. In *a supervised homemaker program,* the caseworker gives supervision to the homemaker. He helps the homemaker grow in her capacity to meet the emotional needs of each individual within the family through her activities in homemaking and in caring for children. The caseworker helps the homemaker have some understanding of why a child or his parents act as they do and serves as a source of release and support to the homemaker in understanding, accepting, and working with each individual in the family.

The homemaker also must be able to work cooperatively with a caseworker in helping the family. Together they discuss the situation in the family, the homemaker's responsibilities, and how she can work with the family to advance the welfare of its members.

Still another aspect of the homemaker's task requires that she have the ability to function as a member of a team. In the majority of situations chronic or acute illness of the mother has made homemaker service necessary. Because of this, the closest cooperation between the physician, nurse, homemaker, and caseworker is essential.

The homemaker must have some understanding of the illness of the mother and the doctor's recommendations for his patient. Her activities are part of the total plan to promote the patient's recovery or to alleviate a chronic condition. She must clearly understand her own role and responsibility and her relationship to other persons involved.

In order to attract people of this caliber, the salary and conditions of work must be commensurate with the responsibilities involved in the job. Salaries should be above those paid to household workers and the conditions of work should insure the dignity and importance of the service. Casework knowledge and skills are used in the evaluation and selection of homemakers with these desired personal qualities and abilities and in training them for the job of homemaker.

The caseworker helps parents gain an understanding of what they want for their children and themselves in the emergency situation that confronts them and how they can achieve this. Together they consider how through homemaker service or some other plan, the parents can give their children the care and guidance and warmth of feeling all children require, particularly when they are deprived of their mothers, even temporarily. But homemaker service is not a panacea for keeping all children in their

own homes when the mother is absent or incapacitated—and the caseworker is the one who helps parents determine what care is best.

The caseworker keeps in touch with the family while homemaker service is being provided. Her particular concern is that family attitudes or behavior are such as to help insure effective use of the homemaker. Whether casework service also is given around tensions growing out of personality, marital or parent-child differences depends on whether or not the persons involved want this service and on their ability to use it.

The length of time for which the homemaker is placed in the home varies, depending on the situation and the nature of the mother's incapacity. She may be placed in a home temporarily in order that the parents with the help of the caseworker may determine what plan of care is best for the children and themselves. She may be placed for a definite but short-time period, for example, when the doctor can forecast the probable length of the mother's hospitalization and convalescence. A homemaker may also be placed in a home on an indefinite or long-time basis.

Whatever the situation or length of time the services of the homemaker are required by the family, the decision to place the homemaker is determined by the parents' desire to keep the family together and the father's willingness and ability to participate in planning and working with the homemaker in such a way that good family living is achieved or maintained.

However, even in instances where the homemaker must take the entire responsibility, for example where the mother is hospitalized or incapacitated at home, or is widowed, divorced, or separated from her husband, someone must be available who can make decisions in the event the mother is not able to do so. With imagination and resourcefulness, ways can be found to relieve the homemaker by calling on relatives or close friends—someone the children know and in whom the parents have confidence—as was done in the case of Mrs. D. who came to a midwestern child welfare agency for help.

> Mrs. D., a widow with two children, 6 and 8 years old, was planning to enter a hospital in a few weeks for an operation and requested homemaker service for her two little girls. None of her relatives were in a position to give full-time care to the children either by taking them into their own homes or staying at Mrs. D.'s home.
>
> Her physician stated that unless unforeseen complications occurred, she would be hospitalized for about ten days and would need a week's convalescence at home before resuming her household responsibilities. Mrs. D. did not want the children placed in a strange family and surroundings for this short period.
>
> Mrs. D. appeared very tense and anxious and showed much anxiety about the children and herself. She seemed to be overwhelmed by all that had happened to her.
>
> Mr. D. had died suddenly two years ago from a heart attack. Before her marriage Mrs. D. had worked as a librarian. Although she had not worked during her marriage, she was able to get her job back at the library

after Mr. D.'s death. At first she was able to dovetail her hours with those of her sister who lived with her, so that someone was always at home to look after her children.

Now her sister had married and established her own home and both she and her husband were employed. The mother had no one to whom she could turn for the care of the children, even for this short period.

The children had never been separated from their mother. Since their father's death, she had been their entire source of emotional support and comfort and they, hers. Alice, the 8-year-old, is a very sensitive child, who does not make friends easily. She is inclined to let people "walk over her." Janice, the 6-year-old is more aggressive and often takes advantage of her older sister. Mrs. D. wants to be *sure* about the person who will look after them because she feels the youngsters will certainly suffer and be unhappy unless they are understood and handled in "a sympathetic way."

Having to have an operation is a great shock to Mrs. D. She dreads to think of the ordeal ahead but, she is sure she can go through with it if she is certain the children are well cared for.

The caseworker discussed with Mrs. D. what would be involved if a homemaker cared for the children. She would be carrying responsibility for Mrs. D. Everything would have to be planned carefully and clearly.

Mrs. D. stated that she would not expect the homemaker to be "tied down" to continuous care of the home and children without relief. Mrs. D. had a competent person who occasionally had looked after the children in the evenings. This friend could be made available for the homemaker.

Mrs. D. stated although she had considered hiring a woman to stay with the children during her absence, she felt this was too risky, since she knew no one in whom she had confidence. She would feel greater security in a woman selected and supervised by the agency.

The children enjoyed going out in the country to visit a maternal aunt and uncle on Saturday and Sunday afternoons and Mrs. D. was sure they would be willing to keep the children on weekends.

The caseworker suggested that Mrs. D. should have the house stocked with food supplies and that she leave enough money with the homemaker for fresh foods and emergencies. Mrs. D. readily agreed to this, then added that she would also give the homemaker menus and recipes that the children liked.

Finally, it was decided to place a homemaker in Mrs. D.'s home for the period she requested. Her services would start the day before Mrs. D. went to the hospital, so that she could get acquainted with Mrs. D., the children, and learn household routines. The homemaker would stay on after Mrs. D.'s return home and during her convalescence. Mrs. D. was able to pay the full cost of the service.

Mrs. D. had the capacity to participate in planning on a realistic basis and to cooperate with the agency in the use of a homemaker despite her apparent anxiousness and fearfulness. She was helped to think about the problem of care for her children and to use her own resources to the greatest extent possible. Her ability to participate in this planning fore-

casts to some degree that she will be able to work with the homemaker in the care of the children and the home.

In some instances homemaker service may begin on a temporary basis and as a result continue on an indefinite basis as with the H. family.

Mr. H. came to the agency to request homemaker service. Mrs. H. was dying of cancer and for several months the children had been cared for on a hit-or-miss basis by the father and relatives. Mr. H. wanted more adequate care for them before the situation became so disorganized that everything was out of hand. He could not afford a housekeeper and had considered placing the children in an institution. Reluctantly, he went to a placement agency for this purpose and was told about homemaker service.

Mrs. H. died three days after Mr. H.'s request for homemaker service and before a plan could be worked out. The caseworker visited the home to discuss with Mr. H. his plans for the children. Mr. H. was deeply disturbed about his wife's death. He still wanted to keep the family together. Although he had two jobs, he was heavily in debt. His medical expenses had been heavy and he was meeting mortgage payments on his home. He had borrowed money which he would have to repay. He had lost much time from work because of his wife's illness, and this had reduced his income. Mr. H. could pay only a minimum amount toward homemaker service.

Mr. H. apologized for the disorderly, dirty, and dingy appearance of his home. He had had to neglect things during Mrs. H.'s illness and there had been no money for repairs or replacements.

Mr. H. was acutely aware of the difficulties ahead of him in rearing six small children without their mother. He was deeply attached to the children and said they were obedient and friendly. He was sure that the children would understand that he and the homemaker were "working together as a team" in an effort to keep the family together.

He could do a great deal to help even though he would be away working during the day. He would do the laundry and scrubbing over the week-end.

It was agreed that a homemaker would be placed in the home on a temporary basis. This would give the father an opportunity to consider what was going to be wisest and most practical for him and for his children.

In preparing the homemaker for placement in the H. home, the worker told the homemaker the facts and impressions she had gathered about the home and family. She tried to convey Mr. H.'s feeling of responsibility for his children and his love for them and discussed the lack of adequate supervision of the children during their mother's illness. She described the run-down condition of the home. In explaining the temporary nature of the placement and the purpose to be achieved, the worker outlined the homemaker's role. The homemaker could help the agency to know more about the children; what their needs were; what strengths Mr. H. had, so that a real evaluation of the situation could be made and a plan for continued care of the children be determined.

The worker went with Mrs. Gray, the homemaker, on her first visit to the home. In spite of the worker's preparation, Mrs. Gray was shocked by the dust, dirt and general shabbiness of the home, even though Mr. H. had made some effort to clean it up. A cat came purring towards her and

Mrs. Gray drew back quickly with apparent dislike. Mr. H. noticed this and asked anxiously if she wanted him to get rid of it. Mrs. Gray said no. If the cat was the children's pet, they should keep it. She would just stay out of the cat's way.

During Mrs. Gray's first month's stay in the home, she accomplished miracles in cleaning and reorganizing. The relatives were enthusiastic about what had been done. Mr. H.'s many apologies for the appearance of the home, the reasons that he gave for its run-down condition, his attempt to clean it up, all seemed to show his desire for clean and pleasant surroundings and his readiness for change.

But he didn't seem to be able in any way to give the homemaker any credit for the changes she had made in the home. The worker helped Mrs. Gray to understand that perhaps Mr. H. couldn't do so because of his deep feeling of loyalty to his wife. To acknowledge the great improvements Mrs. Gray had made might imply criticism of his wife.

The children were not as easy to handle as Mr. H. described. The older ones had developed very irregular habits during their mother's illness. They were unwilling to sit down at the same time for meals and no two liked the same food. At times when Mrs. Gray would correct them, they would ignore or openly disobey her. But with the help and support of the worker in understanding some of the reasons for their behavior, Mrs. Gray was able to be patient and understanding.

Gradually the children began to respond to Mrs. Gray's friendliness and warmth and Mr. H. was following through on suggestions she and the worker made. As Mrs. Gray worked with the father, she grew in her respect for his strength and capacities.

Although there were many problems in this family, the month's experience with a homemaker showed how sturdy and enduring the family relationships were. The father's love and interest in his children and his real desire to keep the home together, his ability and willingness to carry additional responsibilities if necessary and to cooperate with the homemaker and the agency, forecast the success of the service. The situation improved greatly during the temporary placement of the homemaker.

On the basis of their evaluation of the situation and the progress made by the homemaker on a temporary basis, Mr. H. and the agency decided that homemaker service should be continued on an indefinite or long-time basis. The homemaker would live in the home and care for the children—for as long as it was to the advantage of the children and Mr. H.

As work with the family proceeds, the caseworker should be mindful of the father's need for free time for himself. He cannot be expected to carry indefinitely the heavy burden of support of the family, the most tiring household work, and the relief of the homemaker during her periods off duty. Some life of his own will make Mr. H. able to be a better father to his children.

The possibilities for the use of homemaker service to bring security and continuous care to children are many. Sometimes it may be used in conjunction with foster care in situations in which a child's security in a foster family home is jeopardized by hospitalization or incapacitating illness of the foster mother. Homemaker service may be a resource through

which a successful placement can be continued without interruption and the child saved from temporary removal and replacement when the foster mother has recovered.

The care of a new baby sometimes places overwhelming responsibilities on parents, especially when the parents are young and there are other children. The services of a homemaker for a temporary period can give the mother time to get on her feet and take the added responsibilities in her stride.

In instances where one child in a family is seriously ill, and the mother's attention and energies absorbed in his care, a homemaker relieves the mother of the total burden of his care, looks after the home and the other children and gives some of the attention to the members of the family that the mother is not able to give. In many of these situations home naker service may mean the difference between keeping a stable family group functioning during a period of adjustment to changed conditions and the disruption of family life from frustration, exhaustion, and frayed nerves and tempers.

Homemaker service has been used in some instances to help parents in child care and household management when their children show evidences of lack of care and guidance. In many instances of neglect, study of the conditions has revealed parents who are overwhelmed, confused, and immobilized by having so much to do and so little to do with. Also, some of these parents lack experiences in their own upbringing that would have made it possible for them to acquire the maturity essential for parenthood and a pattern for good family living.

A homemaker placed in such a family where parents can make constructive use of the service can help these parents with such things as budgeting, marketing, meal planning, and housekeeping. In some instances, the homemaker out of her own personal security and maturity may become a source of emotional support to a mother. In this type of situation, homemaker service may not be required for a full 8-hour day, nor perhaps even for every day.

In those families where homemaker service is needed because of chronic or acute illness, the distinction between the functions of the homemaker and the nurse must be clear. Frequently, both may work in the same home as a team, but to do so effectively each should be clear as to his own responsibilities and the responsibilities of the other.

Homemakers do not supply nursing care although they may tell the patient it is time to take his medicine and help him to do so by getting water, spoon, etc. The homemaker also prepares and serves the patient's meals. Depending on the patient's physical condition and the doctor's recommendation, the homemaker may change the patient's bed and help with personal hygiene. She must have some understanding of what the illness means to the patient and the family; the strengths and limitations of the patient; and the degree of responsibility the patient can carry. But in

no instance does she undertake what properly may be considered nursing care.

In situations where a mother or other responsible person is able to plan, manage, and supervise the household tasks although unable to perform them, only domestic help may be necessary. On the other hand in some situations both homemaker and domestic service may be required.

Although homemaker service began as a way of caring for children during the absence or incapacity of the mother, its usefulness for certain adults has been demonstrated. Homemaker services for the chronically ill and persons suffering from mental illness bear a direct relationship to services for children, since many mothers are out of the home or incapacitated because of chronic physical illness or mental illness. Also when a chronically ill adult lives with a family with children, the children may be greatly neglected if the mother must care for the chronically sick relative.

Homemaker service can also be used to make it possible for older persons to remain in their own homes—and often this has implications for the welfare of children. With the help of a homemaker some aged couples or individuals can continue to live in their own homes with their cherished possessions and close to neighbors and friends. Thus young families are spared the burden and emotional strain sometimes caused by the care of an older person and can perhaps avoid major crises in living for an otherwise stable family group.

The emphasis in the medical field on home care for the chronically ill when this is medically possible, and the earlier return of patients suffering from mental illness to their own homes and communities before complete recovery, has highlighted the need for and usefulness of homemaker services in many of these situations.

As homemaker service expands for adults as well as for children, what the service provides must be clear. Even greater flexibility in the use of homemaker service for various kinds of situations and the length of service will be essential.

We have had ample opportunity to test the values of homemaker service as a way of living for children—even on an indefinite or longtime base. We need greater clarity as to the personal qualities and skills that homemakers should possess to contribute to the over-all program for children and to other specific situations. But that a homemaker program has great value for children and their families and that casework is fundamental to such a program, of these we have no doubt. Our task is to work this important service into the mosaic of services that every community should have for its children.

Day care supplements family care: "Teacher, I did it! I went clear to the top!" called Timmie triumphantly as he climbed down from the jungle jim on the playground at the day-care center. "You certainly did, Timmie! I was watching you!" said the teacher warmly, pressing Timmie's hand. She remembered how fearful Timmie had been when he first came to the

day-care center a year ago—afraid of almost everything, of her, of the other children, of sliding down the slide, of climbing on the jungle jim. Timmie had come a long, long way during the last 12 months.

Timmie's father had died after a long illness—and shortly thereafter his mother had inquired at the day-care center about plans for his care.

The child welfare worker at the day-care center helped Timmie's mother decide how she could meet the changed conditions caused by her husband's death. Mrs. W. was clear about one thing: financial assistance didn't seem to be the answer for her. She had had experience and training that would make it possible for her to obtain a well-paying job. Since she was eager to give Timmie as many advantages as possible, going to work seemed to be the best solution.

The child welfare worker learned a lot about Timmie in those first interviews with his mother. Mrs. W. stated that, in addition to care of Timmie during the hours she was employed, one of her major considerations in seeking day-care for him was his need for companionship with other children. Because of Mr. W.'s illness and the increased responsibilities she had had to carry, she had had very little time to devote to Timmie. It had been easier to keep Timmie under her thumb and out of difficulty, than to give him freedom to grow. The day-care teacher remembered the words of the child welfare worker as she talked about Timmie's entrance into the day-care center. Mrs. W. had smilingly admitted to the worker that even if she had had the time, she probably would have kept Timmie tied to her apron strings. "He was our first and so precious to both of us."

The child welfare worker had said that Mrs. W. had tried to place Timmie in a nursery school because she wanted a program for him that was educational and developmental. But she had been unable to work this out because the nursery school only kept children for a half day and she had no way to provide for his care and supervision in the afternoon. Mrs. W. was overjoyed to learn that at this day-care center, Timmie would have supervision and care during her entire working day. He would have a day-care program provided by teachers with the same educational qualifications and training as the teachers in a nursery school.

And what had the day-care program done for Timmie, the teacher mused as she remembered Timmie's words—"Teacher, I did it!" She remembered how Timmie had clung to his mother those first few days and cried when she left. She remembered low long it had taken him to accept her and how he had clung to her, once he had found her friendly and trustworthy. She remembered how hard it was for Timmie to make friends with other children, how much time he spent during the first weeks alone, playing with blocks, crayons, and other small toys. She remembered how fearful he was on the climbing pole or swinging bars.

Yet, here, one year later, he was confident in his relations with other children, and able to be venturesome on the play equipment at the center. At first he had wanted the teacher to stand by him as he slowly climbed on the lower rungs of the jungle jim. Now, he could climb to the top—and by himself. Yes, Timmie had come a long way. He had changed from a timid, fearful, baby-like boy to a confident, venturesome 5-year-old.

Mrs. W. and Timmie are very fortunate. They live in a community that provides day-care services of high quality for children. The program

and activities of this day-care center are geared to the growth and development of each child, physically, intellectually, emotionally, and socially.

Day-care services such as these are an important part of a community program for the welfare of children and their parents. During World War II when the full resources of the country's man and woman power were needed to further the war effort, Federal funds were provided for such centers. Such funds were not continued after the close of the war. But the employment of women, married as well as single, has grown steadily since the war. A large number of these women have children, many under 6 years of age.

A variety of social, economic, and personal reasons account for the fact that mothers who have preschool and school-age children go to work. Financial need is a major cause. Many mothers work to support their children; frequently they are the breadwinner in the family. The high cost of living also forces many women into employment. The income of both parents is needed in many families to maintain minimum standards of health and decency. This is borne out by Census reports on family income which show that in urban areas a much larger proportion of married women enter the labor force when the husband's income is under $3,000 than when his income is $5,000, or more.[1]

In other families the mother works in order to raise the standard of living of the family or to give children advantages their parents want for them. The expansion in industry that has occurred in the last two decades has increased women's opportunities for employment and greater inducements have been held out for them to enter employment.

Women enter employment for personal reasons, too. Many have training and skills wanted in the labor market and they want to use them. Some women can be better wives and mothers when they are engaged in work that is stimulating and brings them satisfaction.

For whatever reasons a mother with children goes to work, plans for the care of her children during her absence from the home is a major concern to her, to her family, and to the total community.

All the evidence points to the fact that the conditions that make it necessary for many mothers to work outside of their homes, will continue. Women are working and in ever-increasing numbers. Whether or not a mother with preschool or school-age children will work is a decision parents must make in light of all the circumstances. But where a mother is away from the home for part of the day, for the welfare of the children, the parents, and the community, adequate day-care services should be available.

The care given some children whose mothers are not working may need to be supplemented. In some situations in which children are adversely affected by marital conflict or family tensions, the use of day care may be beneficial to the child and relieve pressures and tensions within the

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[1] U. S. Department of Commerce, Bureau of the Census. Series P–60, No. 12, June 1953, p. 5.

family. When a parent is ill or incapacitated, particularly the mother, adequate day-care service in some instances may mean the difference between holding the family together and separation of parents and children.

Some children, because of emotional and behavior difficulties, benefit from being with other children and the guidance provided by a day-care teacher. Day-care service is also a valuable resource for children with special handicaps—the blind, the mentally retarded child, the crippled. Through their experiences in day-care centers or nursery schools, these children begin early in life to learn how to play and find their way with normal children. They learn to live with the defect they have and to develop whatever capacities they possess.

Parents, too, learn ways to help their child function to his utmost capacity. By observing other children with physical and mental handicaps doing many things normal children can do, they are encouraged by their child's possibilities for normal growth and, as a result, feel less helpless and discouraged. This is particularly true of parents of blind children.

Day-care services for children with special handicaps offer parents an opportunity to continue to care for their children in their own homes. Of course day care is not a resource for children who are so handicapped physically and mentally that they cannot profit by such a program.

Day care supplements the care and protection that the parents provide for the child but it is not in any sense a substitute for the child's own home, nor does it take over parental responsibilities. Parents participate in the cost of day-care services to the extent they are able. This is particularly true of day-care centers under the auspices of public and voluntary social agencies. These agencies have the resources of tax funds or contributions from the community to underwrite the costs that parents cannot bear.

Commercially operated day-care facilities have no such financial backing and parents must pay the full operating costs.

Two types of day-care service should be available: foster family day-care homes and group day-care facilities.

A foster family day-care home is a family home caring for children by the day. These homes are particularly useful for the care of young children, usually those under three years of age, who, because of their stage of development, need a strong one-to-one relationship with an adult, and for children over three who cannot adjust in a group setting.

Foster family day-care homes are developed and supervised by child welfare or other social agencies, in order to safeguard the welfare of children. The agency selects foster parents on the basis of their ability to provide children with adequate attention, care, and guidance. Such physical standards as play space, indoors and out, sleeping accommodations for naps during the day, meal planning and preparation are also taken into account.

The child welfare worker helps the child's own parents to come to a decision about using foster family day care and what it offers to them and

their children. The parents have a part in selecting the foster family day-care home.

The child welfare worker helps the foster parents particularly the foster mother in the care of the child. He serves as a resource to both parents and foster parents for help with any problems that may arise.

Foster family day care may be provided on a long-time basis because of a mother's continued employment, or to meet special situations like the one that confronted Mrs. B.

> Mrs. B., a widowed school teacher with a 4-year-old daughter had been asked to attend an important meeting in another city. Normally Vickie attended a day-care center, her mother calling for her after her own school day was over. But she had no one to care for Vickie after school hours during her week's absence. Although Mrs. B. had a sister in the city to which she was going, this sister was employed and could not care for Vickie while Mrs. B. attended the meeting.
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> However, in this city foster family day-care services were available. Mrs. B.'s sister found on investigation that it might be possible to arrange care for Vickie during the time her mother was attending the meeting. Mrs. B. and Vickie came several days prior to the meeting for a conference with the child welfare worker connected with the foster family day-care program.
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> During this conference the child welfare worker secured information about Vickie's health, her adjustment in the day-care center at home, her habits in relation to sleeping, food, etc. Mrs. B. was given information about the foster family day-care program, how foster parents were selected, the care and supervision they give to children, the agency's relationship to the foster parents, financial arrangements, and what her own responsibilities would be. Mrs. B. was asked to have Vickie given an examination by a pediatrician prior to placement.
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> The day before Vickie was to be placed, the child welfare worker arranged for Vickie and Mrs. B. to visit the foster home that had been selected for Vickie. The foster mother greeted Vickie and Mrs. B. warmly. She told Vickie about another little girl she cared for during the day, describing how she looked, how old she was and how much she and Vickie would enjoy playing with each other. She then took Vickie by the hand while they explored the house, saying as she did so: "This is where you will play with Jean; this is where you and Jean will eat lunch; and this is your room and your bed where you will take a nap." Vickie asked many questions about Jean, the toys available, "my room." When it was time to go, Vickie said cheerfully, "I'll see you tomorrow."
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> Vickie was a little subdued when she went with her mother to the foster home the first day but she greeted the foster mother cheerfully. Mrs. B. stayed with Vickie while the foster mother helped her remove her coat, hat, and overshoes, then she left after telling Vickie that she would be back at 5 o'clock to take her to her aunt's home. As Mrs. B. and her sister drove away, Vickie's small anxious face was pressed against the window pane, but there were no tears.
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> Mrs. B. breathed a sigh of relief. She knew Vickie would be well cared for while she attended her meeting. She had confidence in the foster

mother because she had been carefully selected by the child welfare agency and she had gained assurance by the way the foster mother talked to Vickie. The child welfare worker would stop in the home several times during the week to see how Vickie was getting along and to help the foster mother should anything arise.

Mrs. B. felt that under the circumstances the foster family day-care home would be much better for Vickie than a day-care center, because she would not have to adjust to so many people. During a placement of such short duration, Vickie needed a more intimate relationship and support from an adult than would be possible in a day-care center.

Most important, however, to Mrs. B. was the help the child welfare worker had given her in the selection of the foster day-care home for Vickie. How could she on her own have found a reliable person to care for Vickie in a strange city? Without the help of a child welfare worker, this would have been impossible.

Group day-care facilities are known by various names such as day nurseries, child-care centers, and day-care centers. Here the term day-care center will be used to designate those facilities providing group care to children three years of age and over who require care and supervision away from their own homes for part of the day.

In the day-care center each child enjoys and profits from relationships with other children his own age and from being part of a group. Children vary a great deal as to the age at which they can profit from group experiences. The readiness of a child to adjust to a group must be taken into account in planning his care away from home.

Because many children spend the greater part of their waking hours in a day-care center, the total environment must be conducive to each child's growth. This requires the integration of health, education, and social welfare services.

Day-care centers with good standards offer an educational and developmental program similar to that offered by nursery schools and extended school services to promote the child's physical, emotional, social, and intellectual growth. Teachers in day-care centers for young children should have the same education and training as nursery school and kindergarten teachers.

Young children who are brought together in a group need a warm, outgoing, understanding adult on whom they can depend for security and support. Through their relationships with such an adult, they are able to establish relationships with other children. All teachers in day-care centers must have some knowledge of child growth and development in order to relate to and guide each child in accordance with his individual needs.

The best educational principles are followed in the development of the program, in planning activities, and in selection of equipment. Learning is fundamental to the child's growth and development—and the capacity to learn and to grow is innate but may be affected by many life situations to which the child is exposed.

The adults on whom the child depends furnish him with an example to follow and with opportunities for learning. Within the family setting, the child learns to walk, to say words and understand their meaning, to identify objects and their use, to distinguish one individual from another. The stimulation to learn and to grow and the opportunities through which this takes place comes from the child's direct relationship to his parents, other adults responsible for him, and other members of the family group.

The day-care center program and total staff undertake to supplement and continue this encouragement of learning and growth and furnish the opportunities for expanding the child's horizon through new experiences and wider relationships. Because of the long hours many children must spend in the day-care center, the young child must be protected from strain, fatigue, and overstimulation.

Children learn through play. Through games, songs, storytelling, drawing, painting, clay modeling, block building, children relive their everyday experiences and learn to master them, to make choices, to get along with others, and to express their own ideas, spontaneously and creatively. They grow and develop physically. Active play, such as running, jumping, climbing, swinging on bars, develops large muscles. Use and coordination of the small muscles come about through drawing, fingerpainting, manipulating small blocks.

The day-care teacher shares with the parent the responsibility of guiding the child, giving affection and freedom, as well as control. She must be able to understand and accept whatever feelings the child expresses such as wanting attention and sympathy, humor, hostility, and anger. At the same time, she keeps him from harming himself or others. The group of children the teacher supervises must be small enough to permit each child to receive individual attention and guidance. Because of the lack of trained nursery school teachers, some day-care centers assign to each group of children assistants who work with a teacher with training in nursery school education.

The participation of parents of children in the day-care center is essential in sharing the responsibility that parents and staff together carry for the growth and development of the child. The child's routine and activities at the day-care center must be related to his routine and activities at home. How early the child gets up in the morning, whether he has breakfast and dinner at home, the type of activity he engages in when he returns home, the amount of time the parents can spend with him, all influence the program planned for him at the center.

Information about the child's growth and development as well as his problems will be shared with the parents by the day-care center staff. Meetings of parents and staff give parents an opportunity to participate in the center's program and activities and to understand how these contribute to the child's development. Through this relationship with staff, many parents learn more about their child's needs, the causes of his difficulties,

if any, and ways they can carry out at home the measures used by the nursery school staff to help him.

Mark S. was enrolled in a day-care center at the age of 4. He is a healthy, robust, active child with big brown eyes and a pleasing smile. Mark had a very difficult time adjusting when he first came to the day-care center. He found separation from his mother hard to take. Mrs. S. was not employed and was able to spend the morning with Mark at the day-care center during the first two weeks, taking him home at noon.

During this period, each time his mother attempted to leave him, Mark yelled, screamed, and cried and refused any attention or consoling by the day-care teacher. Mrs. S. found it impossible to leave Mark when he begged "Mommie don't leave me, take me home."

But despite these difficulties during this period Mark made friends with the day-care teacher. He explored the day-care center with her and asked her for help in dressing and undressing. He was very interested in large block building and would call proudly to the teacher to see the house or the garage that he had built. The teacher was aware, however, that Mark's relationship to her was a superficial one he could maintain only as long as his mother remained close at hand.

The teacher discussed Mark's lack of progress with Mrs. S. Mark had been admitted to the day-care center because his father and mother were concerned about his delayed development and thought he would profit from being with children his own age, or as Mr. S. put it, "spend part of the day away from his mother so he can grow up." The parents told the child welfare worker, who had helped them decide to place Mark in the day-care center, that he was "practically helpless in dressing and undressing himself. In fact, he wouldn't even try." Mr. S. thought Mrs. S. overindulged Mark. "She just smothers him. That might be all right for girls, but it's no good for a boy. Mark acts like a baby."

Mrs. S. countered by saying that it was easy for his father to talk this way because he spent so little time with Mark and left her with the whole responsibility for him. Sometimes she said she suspected Mr. S. was jealous because Mark thinks so much of her.

The day-care center teacher had been prepared by the child welfare worker for what to expect in relation to Mark. She had observed Mrs. S. and her relationship to the boy during the first two weeks. If the child was to be helped at the day-care center, it was necessary to come to grips with the situation.

The teacher decided to talk to the mother. She pointed out that Mark's progress had been slow in the center. He was still unable to dress and undress himself, to be away from her or to get along with other children. The teacher suggested: "If we can begin by helping Mark with one problem, perhaps he can begin to make progress. What is it at home that causes you greatest concern?"

Mrs. S. thought for a moment and then replied: "Mark's daddy is impatient with him. He wants a real boy, but he says Mark's still a baby. I'm just as concerned as his father is that Mark doesn't take hold and do things that a child his age ought to do—as my friends' children are doing. Mark is still wetting his clothes, and it's not because I haven't tried either. He's very finicky about his food, too. Most things he doesn't like, except dessert. The way he clings to me troubles me too. Watching Mark here

at day-care center has made me realize how serious this is. I'm the only mother who has had to stay two weeks with her child. And Mark is still screaming, crying, and acting like a two-year-old."

The teacher suggested that perhaps this was a problem they could begin to tackle together. "Mark needs the help of both of us in learning how to meet the problem of separation from his mother which is often very frightening to a child."

"But what can I do," said Mrs. S. helplessly, "when he screams and carries on so."

"You know he's in good hands, don't you?" asked the teacher.

"Yes, but he's screaming for me."

"But how can Mark ever learn to be separated from you if he doesn't get a chance to try it?"

"I guess it's up to me to steel myself against his cries and leave him," replied Mrs. S.

"Yes," said the teacher, "and we'll do our part in comforting him and in trying in every way we can to make the process less frightening to him. But Mrs. S. you will have to handle your own feelings about leaving Mark. Perhaps you would like to discuss your feelings about this whole problem with Miss H., our child welfare worker who talked with you and Mr. S. about placing Mark in the day-care center." Mrs. S. frowned, then said, "I'm beginning to think there are many things I need to talk with Miss H. about."

The next day Mrs. S. brought Mark to the day-care center and told him firmly she could not remain with him today but would come back for him at 3 o'clock. As Mrs. S. turned away, Mark began to scream and yell. She hesitated a moment. Mark stopped. Mrs. S. looked at the teacher who stood close by Mark with her hand on his shoulder, then she turned, said goodbye to Mark and walked resolutely out the door.

Mark screamed louder and louder, rocking back and forth. He refused to play, or permit the teacher to comfort him. Finally the assistant teacher took the other children out to play. The teacher remained with Mark, talking to him quietly as she went about her work. Gradually Mark subsided and then wandered over to the blocks where he tearfully began to build.

The teacher began talking to him about what he was building. When the other children came back, she asked Mark if he would like to have Fred help him build the house. At noon the teacher helped Mark wash his hands but he refused to eat lunch. At rest time he flopped around and did not sleep. Finally when the teacher sat by his cot and placed her hand on his hand, he relaxed and slept.

For several days Mark cried when his mother left him, but he did not beg her to take him home. The teacher met Mark and his mother each morning as he entered the center, greeting him warmly and engaging him immediately in some activity such as helping her to arrange toys, putting out the paints and crayons, etc. She always praised Mark for the fine job he had done and how helpful he was. Gradually his crying when his mother left occurred only occasionally.

By the end of the year Mark was able to leave his mother without difficulty. His appetite improved. During the last 2 or 3 months of the year, he ate

most of the food served him and would always ask for seconds on the dessert. With constant reminding from the teachers, Mark learned to go to the toilet by himself and remained dry during the day and rest period. He still screamed and yelled when he was frustrated or appealed to the teacher when having a quarrel with another child.

In the meantime, the child welfare worker helped Mr. and Mrs. S. in relation to Mark. They had one other child, a boy 12 years old. At the time Mrs. S. found herself pregnant with Mark, she was very upset. Mr. S. was completing his college training under the G. I. Bill. Since Frankie, the older boy was in school, Mrs. S. had taken a job to augment the family income. Her pregnancy completely upset these plans. She resented giving up her job, being tied down with a baby, and having to eke out an existence on the government allowance.

However, when Mark was born he was such a sweet, lovable baby, she felt very guilty because she had not wanted him. "I suppose I went over board trying to make this up to him," she explained. Mrs. S. had greatly missed companionship with her husband who was busy attending classes, studying, working in the laboratory at school. "I could understand that this was necessary but I resented it. I guess I was resenting everything."

Mr. S. had not been able to spend time with Mark as he had done with Frankie. "The entire responsibility was mine. All he did was criticize my handling of Mark. He seemed to be disgusted with Mark because as he put it, 'he's a mama's boy.'"

The child welfare worker helped Mr. and Mrs. S. understand how their own conflicts and their own needs were actually preventing Mark from growing up as they wanted him to do, and as Mark was capable of doing. Mark needed both his parents. He needed his father's attention, confidence, and love. So did Mrs. S. Without them, she could not give her best to Mark.

The worker helped Mrs. S. realize how she was inadvertently keeping Mark a baby and thereby placing barricades in his path. Mark must feel that both his parents have confidence in his ability to grow and develop. The worker told Mrs. S. that as both parents develop more assurance as parents, Mark would respond and profit from opportunities through which he could achieve success in handling experiences to which he is exposed.

The child welfare worker explained how the day-care teachers were helping Mark step-by-step to gain confidence in himself through successful experiences in small ways. She suggested ways in which his parents could do this. For example, the teacher let Mark take a rubber frog he loved to bed with him during the rest period. This, coupled with the fact that Mark was reminded to go to the toilet immediately after the rest period, had helped eliminate the wetting. The teacher was also very firm with Mark when he resisted resting by jumping up and down on his cot, crawling under it, and making funny faces so that the other children laughed.

Mr. S. stated that Mark was also restless at home when she put him to bed. She had not permitted him to have toys because she felt this would distract him and he would not sleep. She always took Mark to the toilet before putting him to bed, but even so he was always wet. She would try permitting him to take the frog to bed with him. Mr. S. remarked that he had been the one who had really been firm about not letting Mark take

toys to bed with him. It seemed just another way of babying Mark. It had never occurred to him how fearful and anxious Mark really was.

In order to bolster the parents' belief in Mark's ability and desire to grow, the child welfare worker constantly stressed Mark's achievements and progress at the day-care center. "Mark is now accepting other children readily and is anxious to make friends." "Mark shows leadership ability and the children follow his lead in cowboy play and sometimes in mischievous acts." "Mark loves story telling, and we use this as an opportunity for Mark to express himself."

As a result of this thoughtful sharing of responsibility between the parents and the day-care center staff, Mr. and Mrs. S. gained understanding of Mark and his needs and practical ways to influence his healthy growth, and in the process, some understanding of themselves and were able to improve their own relationships. They became active in the parent-teacher association and Mr. S. volunteered a week's service during his vacation to make and repair toys at the center. Mark was very proud of this and talked about the things "my daddy" did for weeks afterward. When any of the children used a toy Mr. S. had fixed, Mark would say, "My daddy fixed that." Or "That's one my daddy made."

By the end of the year, Mark still had a great need for adult acceptance and approval, lacked self confidence, and was easily frustrated. However, he had shown marked improvement in his relationships with children and in his ability to move forward with the help of understanding parents and teachers.

The health program of the day-care center is a vital part of the total program. Health services, just as educational and social services, are concerned with the total well-being of the child as well as with protecting the health of individual children and the group. To achieve this a pediatrician and nurse take part in program planning as well as in health inspection and care. Day-care centers should have either a pediatrician and nurse on the staff or work out arrangements with another community agency for the services of a pediatrician and nurse on a regular and continuing basis.

Children are usually required to have a physical examination before they enter a day-care center. When the pediatrician understands the program of the day-care center, he is able to help parents understand the connection between the physical examination and plans for the child in the center and get their permission to discuss with the day-care staff any significant findings the examination reveals.

Children express their upset to a changed way of living and the new experiences in the day-care center in different ways; some through such physical symptoms as wetting, soiling, eating problems, etc. Here the doctor can be of specific help to the parents and teacher through a medical diagnosis that rules out any physical pathology and in explaining the nature of the child's problems to the parents. The day-care teacher or child welfare worker can then move quickly to help in adjustment of other social or emotional problems causing the difficulty.

Experts in the nursery school and group day-care field agree that the

teacher should give the daily physical inspection of children upon entrance to the group. The doctor and nurse can help the day-care staff in knowing what to look for such as the child's color, energy, condition of the eyes as well as the more obvious symptoms of coughing, skin rashes, or running noses. Day-care staff must know the early signs of the more common childhood diseases. When an epidemic of colds, or other infection sweeps through the group, the program may need to be adjusted to provide for less active play, more rest, or shortened outdoor periods.

Some parents have their own personal physician and should continue to use him. The physician connected with the day-care center can interpret the reports of the family's physician and can also interpret to the family doctor information regarding the child's adjustment and activities in the day-care center.

The nurse can be helpful in establishing a satisfactory health program for the day-care center and in coordinating the health program with other aspects of the total program. She assists the teachers and parents in understanding the health needs of individual children. She gives demonstrations of health inspection for teachers and helps them understand what to look for. She assists in developing and keeping a total health record of each child. The nurse participates in parents' meetings in terms of all aspects of healthful living for children. She can be helpful to parents in many other ways.

Both the physician and the nurse should be members of the staff team and attend staff meetings. Here ideas are exchanged about program and its relation to children's progress or lack of progress. Such meetings also give members of various professional backgrounds a chance to know each other and work together.

Social services are important in the day-care program. The child welfare worker interviews parents who apply at the day-care center for admission of their child. The worker helps parents in their decision to use the day-care center. The adjustment of fees on the basis of the parents' ability to pay is also the task of the child welfare worker.

The child welfare worker knows community resources and when necessary refers parents to them. He gives specific help to parents when the behavior of their child indicates he is having difficulty. He helps these parents understand the child's growth and progress in the day-care center and how this can be furthered at home.

The child welfare worker assists day-care teachers by sharing with them information about the child's experiences at home and his relationship to his parents and other family members. He participates in staff meetings, contributing his knowledge and observations about the children and their parents and how these affect program and policies.

Teachers, child welfare worker, physician, and nurse in the day-care center work as a team, each using his special knowledge and skills for the benefit of the children, each understanding and supporting the others, each

complementing and supplementing the other, and all contributing with the parent to the children's growth and development.

Although the majority of day-care centers take children from the ages of 3 to 6, some accept school-age children. These children come to the day-care center before school for breakfast, if necessary. They return to the center for lunch and again after school until the parents return from work. If school-age children are cared for in the day-care center, additional teachers and activities suited to the school-age group are required.

All day-care centers should base their programs on present-day knowledge of child growth and development and children's needs. The programs and practices should be geared to the needs of growing children. Physical plant, space, and equipment should lend themselves to programs and activities that promote the healthy growth of children. Staff should be available in sufficient numbers and with the educational qualifications and training that assures each child the protection, guidance, and care he requires. The rate of progress and the sequence of steps to be taken in achieving these long-range goals will vary from community to community.

Day-care services must be closely coordinated with other community services for children. Where these services are needed but not available, are insufficient in quantity or of poor quality, children and their parents suffer. The community that does not provide day-care services is not fulfilling its responsibility to safeguard the health and welfare of its children.

Children away from home

Despite the fact that many community programs and child welfare services help many children remain in their own homes, some children must still be cared for away from home. For these children, the care best suited to their needs and to those of their parents is foster care, either in a foster family home or a group care facility.

Fortunately for children, foster care is no longer regarded as the answer to all difficulties surrounding them such as lack of sufficient financial income in the family, illness, death, desertion or neglect of the parent; or behavior difficulties of the child. Foster care always involves separating the child from his parents—and such a step is never warranted unless the reasons for doing this are so overriding or are so urgent that the child's physical and emotional well-being makes foster care the only alternative.

Placement: Placement of a child away from his own home should be done only when a careful study and social diagnosis shows that this type of care is essential to his well-being. Foster care is not seen as an end in itself but as part of a permanent plan of care for the child through his return to his own home, adoption, or some other permanent plan. It should be a means through which for most children, living arrangements are established or

re-established on a permanent base.

The pain the child experiences at separation from his parents for whatever reason is compounded a hundredfold when he is moved from one placement to another. Whatever the reason for replacement, the child suffers. When a child is shifted from one home to another, the child is more apt to be harmed than helped.

Whether placement is being considered on a voluntary or involuntary basis, it is one of the heaviest responsibilities facing child welfare workers to reach a decision that a child should be removed from his home or help parents come to the decision that separation is the best way to meet the situation confronting them. It is not an easy matter, either for the child welfare worker or the parents, to know when parents have reached the point where they are not able to assume full responsibility for their children. Such a determination is difficult and it should never be undertaken lightly.

Judges, probation officers, and child welfare workers, who are usually the ones involved in considering and recommending placement and removal of children from their homes, must always be concerned with *why* placement is necessary and *what* it can achieve for this child and his parents. Judges should have expert social service help in the study and diagnosis of each situation as a basis of their decisions.

The crux of a decision to use foster care lies in the unique relationship between parents and child and the nature of this relationship in a particular situation. What do the parents mean to this child and what does the child mean to these parents?

A child needs his own parents, even when separated from them, for his own security and integrity. Even an infant of 6 months has strong attachments to his mother and will react anxiously when the mother leaves him even for a short period. Although a child may be removed physically from his parents, his emotional ties to them continue. He takes with him into the new setting his thinking and feeling about his own parents—an image buried deep within him; and he struggles with these feelings as he tries to find his way with foster parents or institutional staff.

Even when a child has been neglected and abused by his parents, he may remain strongly attached to them with bonds of love that transcend any bad treatment. Often such a child will cling to his parents, excuse them for their abuse or indifference, and create fantasies about them so that he can hold on to them for himself and defend them against others. For the child to think well of his parents is to feel adequate himself.

Parents request placement and courts remove children from their parents for a variety of reasons. These reasons range from illness, incapacity, death, desertion or neglect by the parent to difficulties in the behavior of the child or in the parent-child relationship. Whatever the causes that lead to the request or referral for placement, the child welfare worker must be able to evaluate the parents' potentialities for parenthood.

The biological capacity to produce a child does not necessarily carry

with it the emotional maturity for parenthood. Some men and women have not developed the capacity for being a parent. But a worker must have great skill and competence to determine this beyond a reasonable doubt and then to help these parents release their child permanently so that, through adoption, the child may have parents capable of providing him with the love, security, care and guidance he needs.

Too many children, and some of these are infants, remain suspended in foster care because their parents cannot provide for them and yet are unable to face the fact that they really do not wish to be parents. The majority of parents, however, do have a capacity for parenthood, although even here there is a wide range of individual differences.

Under some conditions the capacity for parenthood may be immobilized while under other circumstances, it will flower to its maximum. If under changed conditions parents may be able to assume their parental role and thereby maintain the child's own home and family, every effort should be made to help them do so. For some parents foster care is a way to help them retain or develop their capacity for parenthood, and for the child to have, in the meantime, experiences in living conducive to his growth. Such was the situation of Mr. M., who requested help from the child welfare agency in working out a plan of care for his infant daughter.

> Mrs. M. had died from complications of child birth a week before. The baby remained at the hospital while Mr. M. tried to get over the shock of his wife's death and straightened around to care for his daughter. He was only sure of one thing. He did not want to be separated from his baby. "She's all I have left," he explained to Mrs. M.'s parents and a married sister who lived in another city and had offered to care for the child. The social worker at the hospital had told him about homemaker service and he thought that it offered possibilities as a way of maintaining his home and keeping his baby with him.
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> As the child welfare worker talked with Mr. M. about homemaker service, she also brought out how important it was for a child in those first few months of life to have the love and care of her mother or a mother substitute on a continuous base. A homemaker could supply this but even if she "lived-in", week ends or her days off would interrupt her care of the baby. It would be difficult to find a woman who could give up her entire time to the care of an infant as a mother would. The homemaker would have a life and responsibilities of her own in addition to her role as homemaker. She could not give her entire attention to his family.
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> Also, even if Mr. M. had the services of a homemaker, he would have to assume major responsibility for the baby. He would have to take responsibility for the 2:00 a. m. feeding; comforting her if she cried or was fretful at night; perhaps bathing the child, washing her clothing; taking her out for air, etc. This would be in addition to some household tasks he would have to perform on week ends and at night. Could he give his best to his child and to his job under these circumstances?
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> Mr. M. realized probably this was more than he could carry. Could some other plan be worked out? The child welfare worker suggested foster home care. She told him foster parents are carefully selected by the agency and then the specific home chosen that is best for the particular

child and his parents. In a foster home his child would receive warm, affectionate care from the foster mother on a continuing basis. This would offer his child an opportunity to gain the security she must have as well as physical care.

"What can a foster mother do that a homemaker could not do?" asked Mr. M. "The fact that your child is an infant—only a week old—and that this early period is so important in a child's life in developing a sense of well being and safeness makes the difference. The foster mother is living within her own family and caring for your daughter. Of course she can never take the place of your daughter's mother, but she can be a good substitute. Even if your daughter was 3 or 4 years old, she would still need continuity of loving care, although not in the same critical way as an infant. If these early years are secure, she will develop to the stage where she can take on other adults. Perhaps later, a homemaker might be a possibility."

"But if I put my baby in foster care, I will be giving my child to someone else to care for."

"Of course, you would not have your child with you, but you would not be giving her up. You would still retain some of your responsibilities as her parent. You will be able to visit your daughter often and she will gradually come to know you as her Daddy. Foster parents try not to take the place of the parents. You will share in all important decisions about your daughter and you will be financially responsible for her.

Our agency and the foster parents will be working with you. I will be visiting the foster home regularly and will help the foster parents in their care of your child. Of course, having your daughter in a foster home is not like having her with you but you will know she is getting the warm attention and care she needs during babyhood. Do you want to think this over and come back later to tell us your decision about what you want to do?"

When Mr. M. returned to the agency, he had decided that foster home care would be the best plan for both his child and for him. He remarked "I've learned one thing. As a parent you have to stop thinking about what you want and think about what's best for your youngster. And you find that what you really want is what is best for her—and that's best for you too."

The child welfare worker smiled, "Yes, one had to grow into being a parent."

The plan for foster home care would not be continued indefinitely. Of course, later he might re-marry or his circumstances change so that his daughter could live with him. Or, when Gail was about 4 years old, it might be possible to arrange for day care and have a homemaker in the home. At any rate as they all worked together, they would be trying to work out a permanent plan for Gail.

The parent-child relationship is also the guide-line for casework help throughout the placement. The plan of care for the child, whether it is casework help to maintain his home, foster care for a temporary period or for a long time, or adoption is determined on the basis of the child welfare worker's understanding of the nature of the parent-child relationship, the

parents as persons and as parents, and the child. The nature of the relationship that exists between parents and child determines the focus and course of casework help and support the child welfare worker gives the parents and child in order that all involved will receive the maximum benefit of placement.

Being separated from his child, giving up some of his rights and prerogatives as a parent for whatever reason is a painful process for most parents. This is particularly true when the parents' failures, real or fancied, have led to the separation. Sometimes out of a parent's conflicts and needs, come destructive forces that stunt and distort the child's healthy growth. Parents experience feelings of guilt and ambivalence toward their child; they blame themselves; and their confidence in themselves as parents is shaken. Moreover, for parents not to be able to live with and rear their child is contrary to the social mores of our society. As a consequence, parents lose their own self respect and feel they have lost the respect of their neighbors.

If foster placement is to fulfill its purpose, the child must feel that his parents want this care for him—that they are not throwing him away, or getting rid of him. The important task of the child welfare worker is to help parents accept placement as the way *at this time* of being good parents—the means of giving the child the way of living he requires for his growth. If the parent can accept placement on this basis, he can, in turn, help his child accept it. As a result, the separation becomes less painful and the child has a greater chance to succeed.

As the child welfare worker talks to the parents and understands their request for placement or their feelings about the removal of the child by the court, not only are the facts leading to placement revealed, but also what the parents have been up against, what they have tried to do for their child and with what success, what they have failed to do and why. Furthermore, as the interviews progress, the kind of persons they are becomes clearer—their striving, their own needs; how these affect their relationship to their child, their feelings of worth and adequacy, their hopes and desires.

The way the child welfare worker responds to and elicits responses from the parents in the interviews is consciously and purposefully devised to help them as far as it is possible to gain some understanding of their own situation and the importance to the child of the decision to place him in foster care. As the child welfare worker talks to the parents and gains some understanding of them, their feeling of guilt about placement or removal of the child is diminished, and the danger of their projecting these negative feelings on the agency, caseworker, or the court are allayed. In addition, the parents gain confidence in themselves as they experience the worker's interest in them as individuals.

The child welfare worker tries in practical ways to use the parents' capacity as revealed or released through the interviews. The parents are given every opportunity to assume responsibility for planning for the care

of their child in keeping with the demands of the situation and their own ability.

Parents can do this only to the extent they are helped prior to placement to understand what the separation from their child means. They must face what it will be like to have someone else take responsibility for what the child wears, what he will eat, when he sleeps, with whom he plays. They must accept having less companionship with their child, fewer opportunities for comforting him when he is troubled, and guiding him in all his living.

At the same time the worker helps the parents understand what responsibilities they will carry during the child's placement. They will continue to have direct contact with the child through visits, letters, and remembrances on special occasions. They will be responsible financially to the extent possible. They will work with foster parents and the child welfare worker in the best interests of the child. They will participate in decisions about medical care during major illness of the child.

The actual placement of the child furnishes parents with a rewarding opportunity to assume responsibility in a new way in the care of the child. They participate in determining the type of placement—foster family, group home, or institution—best suited for the child.

The child welfare worker helps the parents understand what their child should have in day-to-day living and how a specific facility will give the child what he needs. Often an institutional placement is more acceptable to parents, since it represents less of a threat to their own adequacy as parents than foster parents do. Also in some instances, a parent may have an unconscious desire to punish the child or to blame him for all the unhappiness and guilt he feels as a parent. "Putting the child away," or "locking him up" in an institution may be the means the parent is using to punish the child.

The child welfare worker helps the parents come to grips with these feelings by first understanding and accepting their reason for wanting institutional placement, and then leading them to analyze what lies back of these reasons. With this help, some parents, freed from their own needs and involvement, are able to look at what is best for the child.

A parent with such help can assume some responsibility for preparing the child for separation and placement. Out of his feeling that placement is right and good, that it is the best plan for all of them at this time, the parent is able to express this to the child.

The parents have another opportunity to participate in the child's care when, if this is feasible, they visit the foster home or institution prior to the placement of the child. By so doing they begin to face actual separation from their child but at the same time have a positive feeling about the placement from their contact with the foster parents or institutional staff and the environment in which their child will be living.

Moreover, the very fact that respect has been shown them by the child welfare worker in arranging the visit raises the parents' feelings of

their own importance and their importance to their child, and emphasizes the importance of the parents to foster parents or institutional staff. Furthermore the parents have begun their relationship with the foster parents or institutional staff on a positive basis.

When parents actually move the child and his belongings to the foster home or institution with the child welfare worker accompanying them, the shock of separation may be lessened both for them and for the child, particularly the young child. The parents' explanation to the child of why he is going to live here, and their acceptance of it, is made real to the child when they go with him to his new place of abode. Also, the parents come to grips with, and begin to learn to handle their own feelings about separation when they take the child to the foster home or institution. And most important, the parent is assuming responsibility for the placement of his child.

This assumption of responsibility is continued as the child welfare worker uses every opportunity to give parents a chance to do things with and for their child during placement. Of course, the extent of the parents' participation depends upon the diagnostic evaluation of the circumstances by the worker, the parents' capacities and limitations, and the child's needs. This is true in every phase of the placement process. But where a meaningful relationship between parents and child exists, the parents' help, however limited, is essential to the child's best use of the experiences that foster care provides. The child welfare worker who worked with David learned this lesson well.

> David, age 9, had been referred to the child welfare agency for foster placement by the juvenile court for his destructive and uncontrollable behavior in school and in the neighborhood. The probation officer in recommending that David be removed from his home stated that his mother was unable to control him.
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> David had been in several foster homes during the three years since his commitment to the agency. But neither David nor his mother had accepted placement. David felt he was being punished for his bad behavior. His mother declared that David was removed from her care because she dared to report a teacher who had hit him. In the three homes where he had been placed, David's destructiveness and cruelty to other children increased to such extent that the foster parents demanded his removal.
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> David's mother and grandparents with whom the mother and David's older brother lived gave no support or cooperation to the agency or the foster parents. The mother did not visit David. She refused to contribute to his financial support and paid only when she was called before the court. She stated repeatedly that David had a good home and that he had been removed from it without reason.
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> Since David was not progressing in foster care, the agency decided to consider returning him to his own home. This gave the agency an opportunity to start over again with David and his mother and to see if a plan could be made for his care that would give his mother a chance to participate in a more responsible way.

As Mrs. Y. was faced with David's return, she began to give many good reasons why she could not care for him *at this time.* David's grandmother was too strict with David and always held his brother up to him as an example. She and David did not get along when he lived at home. The only way she could deal with him was to whip him and this only made things worse.

Then too, her parents were old and they couldn't cope with David. Mr. Y. had died when David was three and it was at this time that the mother moved into the grandparent's home. She had to work, so she couldn't care for David herself.

Every alternative that the worker suggested, such as applying for financial assistance from the aid-to-dependent children program, getting a job where her hours of work would coincide with David's hours at school was met with reasons why it could not be done. Gradually over a series of interviews, the child welfare worker realized that what Mrs. Y. was really saying, but not putting into words, was, "I can't take full responsibility for David. Please help me to say this without feeling too guilty."

As Mrs. Y. talked about life in the grandparents' home, how they had cared for her older son from his birth, her life with Mr. Y., and how she had returned to her mother's home after her husband's death, she appeared to be a dependent and very immature person. She was just another child in the home of her parents and was ruled by them. Her love for and interest in David was strong and real, but she would probably never gain the maturity required to take full responsibility for him.

The child welfare worker accepted with understanding all of the reasons Mrs. Y. gave for not being able to care for David at this time. She agreed that most mothers find being the breadwinner and caring for and supervising a child is a very difficult task. She also recognized that caring for David would be most difficult.

Mrs. Y. then asked if the child welfare worker would place David in another foster home until she was able to "get things straightened out so I can take him." This the child welfare worker agreed to do and was able to plan *with* Mrs. Y. for replacement of David. Mrs. Y. also saw that she had some responsibility to help David to get along and be happy in the new home.

Mrs. Y. took the first step in assuming some responsibility for David when after talking over the matter with the child welfare worker, she explained to him why he was not returning home at this time and why it seemed best to place him in another foster home.

The child welfare worker also helped David. He had several interviews with him alone. David seemed to accept all of the planning, but the worker felt that he was unable to express his real feelings. The worker remarked how disappointed David must really be because he was not going home. David said he did wonder why he must live in a foster home while his brother remained at home. The worker continued: "This must make you feel very angry sometimes." "Oh no," David answered quickly. "My brother's OK. Everybody likes him. And he sure can draw. My grandmother thinks he's tops." "And you want her to think you are too." A shadow crossed David's eyes. "Oh, she's OK. She only whips me when I've got it coming!"

Gradually David was able to bring his doubts about whether or not his mother really wanted him out into the open; and to express his resentment toward his grandmother; and his mixed feelings about his older brother. The child welfare worker assured David that he could understand how he felt. "You know, David" the worker explained, "sometimes we get pretty mixed up in our feelings about our families and about ourselves—and a little time away from them helps us to know what we really think. Maybe going to this foster home will help you understand these feelings and give your mother an opportunity to show how much she really loves you."

The worker arranged for David to visit the foster home prior to placement so that he could decide whether this was a home in which he could be happy.

Although what Mrs. Y. was able to do in providing David with emotional support was limited, the child welfare worker used every opportunity for her to participate in the way that she could and to the extent possible. Mrs. Y. bought her son's clothing, she furnished him with a bicycle when all of the other boys had one; she visited him regularly and supported the foster mother in problems that arose with David. As David progressed, the child welfare worker arranged for David to spend some weekends at home.

The focus of the child welfare worker's help to David was in two directions. The worker, in an effort to build David's trust in adults, purposefully permitted David to test him in many ways, but at the same time continued to be interested, understanding, and supportive. Since David was struggling with his feelings about his mother, the worker provided opportunities for him to talk about his mother, and about the possibilities of his returning home.

When David after having some difficulty with his foster mother ran away to his own home, the worker saw this as an attempt by David to test his mother's love. This was substantiated by David's willingness to return to the foster home.

But even though David continued to improve in his acceptance of living in a foster home, and in spite of the fact that Mrs. Y. had requested placement only until "I can get myself together," the worker felt sure that the circumstances in this situation indicated that this placement would have to be on a long-time base. It was doubtful if Mrs. Y. could ever attain the maturity required to provide David with the full measure of maternal love and care he was seeking. Nor could adoption be considered because of the strong tie between David and his mother. Long-time foster care seemed to be the best solution. As David grows and develops, he may be able to understand and accept his mother as she is, realizing that to the extent of her ability, she loves and cares for him.

As parents cooperate with foster parents and institutional staff, they often learn better ways of being parents. As the child improves and grows, they often grow to see him differently and to be able to have a more positive, warm relation with him.

The child welfare worker also helps the child who must go into foster care. Even though his parents have done what they could to prepare him

for placement, frequently the child welfare worker must help him deal with his feelings about his parents, about separation from them, and about living in a foster home or institution. This differs from what the parent does in preparing the child.

The child welfare worker tries to be sensitive to the child, to help him talk about his parents and separation from them, and to support him emotionally in facing a changed and new way of living—an experience that is often frightening and terrifying to the child.

Children express their feelings about placement in a variety of ways—sometimes a child shows an attitude of unconcern about what is happening to him which often leads those around him to think he is not bothered by placement. Sometimes, by too readily accepting the idea of separation from his parent, the child leads others to think that he really rejects his parents—that he wants to live away from home. Sometimes the child completely withdraws, or is hostile, aggressive, or begins to wet and soil himself.

But the child welfare worker is not misled by these outward expressions. He purposefully and planfully seeks to determine what lies behind the child's words and actions through his conversations and observations of the child as he plays with him, joins him in a walk or rides with him. With the worker's acceptance, understanding, and encouragement, the child gradually is able to express his real feelings either through words or through play. He gets to the point where he can risk facing how he really feels because he trusts the worker—it's safe to do so. And the child's energies that were bottled up in maintaining the masquerade are released and can be used in more constructive ways to meet the difficult situation confronting him.

The child welfare worker carries still other responsibilities that are as crucial as those described previously. On the basis of a careful social diagnosis of the circumstances that led to placement, he determines in each situation and for each child which type of foster care is best. Will care in a foster family home, group home, or institution be most helpful to *this* child and his parents *at this time?*

The child's needs change as he grows and develops. Foster family care may be what a child requires at present but at a later stage in his development, return to his own home and family may be what is called for. Or, he may need the experience of living in an institution, and at a later time care in a foster family home before returning to his own home or some other permanent living arrangement in the community. This type of decision demands expert diagnostic understanding and skill from the child welfare worker.

Care in foster family homes: The child in foster family care lives in a family with its warm and intimate relationships. Here he receives care, affection, and attention from foster parents and feels wanted and cared for. This type of care is particularly suitable for infants and young children, and the

older child who needs the experience of stable family living and life within a community.

However, no matter how adequate a foster family home is, it cannot be a complete substitute for the child's own family. Nor can it make up entirely for the child's separation from his own home and family. Foster parents are selected because they are able to maintain the fine balance between making the child feel accepted and wanted, without being all-in-all to him.

In evaluating the potentialities of prospective foster parents, the child welfare worker tries to determine the reasons why they wish to care for foster children, their flexibility and warmth, their acceptance and tolerance of difficult behavior, whether on the part of the child or his parents, and their ability to share and work cooperatively with an agency.

Being a foster parent is not easy. Foster parents have the day-by-day, twenty-four hour task of living with and caring for other people's children—many of whom have had damaging experiences with their own parents. They are asked to be warm, understanding, and affectionate to a child who may not be able to respond with love and affection. They are asked to accept the child into the family as their own yet at the same time help him hold on to his deep-seated love for his own parents.

If foster parents are to help a child, they must not compete with the natural parents for the child's affection. Yet it is natural at times for foster parents to find themselves in this position and reacting negatively to the child's indifference or lack of affectionate response when they are giving all that they have to his care. In spite of rebuffs, foster parents must have the capacity to maintain their basic affection for the child, and to accept and understand the natural parents often in the face of very trying circumstances. They must see the parents' strengths and be able to talk about them in a positive way with the child or their efforts for him will be fruitless. And perhaps most difficult of all, they must be able to give the child up when the child and his parents have reached the point that they are ready to be reunited.

Foster parenthood, though it is a difficult and delicate job, carries great compensations in terms of satisfaction and a feeling of accomplishment. And many foster parents throughout our country undertake this for many children and their parents. One major task in child welfare is to find more foster parents who can and will care for children in this way.

A program of continuous interpretation to the community of what the agency does for children and the need for foster homes is one means for recruiting foster parents. Foster parents, themselves, often prove to be effective recruiters of foster homes.

The key to securing and maintaining good foster homes lies in the child welfare worker's ability to select foster parents who have the personal qualities for the task and to help them after a child is placed. Another important factor is the recognition and support foster parents receive from the

agency in doing a responsible job. Foster parents are not clients of the agency. They contribute to the agency program and carry out agency services to children and parents. They should, therefore, participate in the development of programs and policies and receive adequate compensation for their services.

From the roster of approved homes, the child welfare worker selects the specific home that will benefit a particular child. Some foster parents work best with young children, some with infants, others with older children. Some are successful with boys, others with girls, and some equally successful with either sex. Some foster parents are so warm and outgoing that they can give affection to an emotionally starved child who craves overt expressions of love and attention; others can show a warm interest in a child who rejects such expressions of affection.

Some foster parents, chosen because of their educational background and experience, are given training so that they are capable of giving specialized care to emotionally disturbed or acting-out youngsters and adolescents. They meet with the child welfare worker, psychiatrist, psychologist, or others involved in direct treatment of the child, to consider the child's problems, his progress or lack of progress in adjustment.

The foster mother contributes her observations and experiences with the child to the discussion. By participating in these considerations, she gets some understanding of the focus and objectives of the help given by the psychiatrist or the child welfare worker as the case may be. She knows what to expect of the child as a direct result of the treatment given. She is given help in handling the child under these conditions.

The values and standards of the foster family have to be taken into account, too. Some children need an environment that does not make too many demands on them for achievement; others, one that offers stimulation and challenge.

Foster parents play an important role in the actual adjustment of the child to foster care. They are sensitive to the child and recognize that each child must find his way with them and into the family at his own pace. They understand why the child is not able to call them such terms as "Mom" and "Dad." The wise and emotionally mature foster parent can permit the child to address them in the manner that is most acceptable to and comfortable for the child.

The day-to-day physical care and guidance of the child is the responsibility of the foster parents. They help a child in his adjustment to the routine of living within this family group. The foster mother guides the child in all of the details of his living, proper eating habits, personal cleanliness, play, and his relationships with others.

Foster parents must free the child to learn and to grow and yet be firm in what is acceptable and unacceptable behavior. They must be alert to the child's health needs and use the resources agreed upon with the agency to meet them.

In some instances foster parents are put in the position of carrying a responsibility that rightfully they should not be expected to assume. A child with certain behavior problems such as stealing, lying, enuresis, is placed in a particular foster home because the child welfare worker believes that through the foster parents' acceptance and tolerance of the child and his experiences in living in this family, the child's behavior will improve. And frequently it does.

But some children need more than foster parents can be expected to provide. Some will need direct casework treatment by the child welfare worker or psychiatric help. When these services are not provided, and the behavior persists in spite of all the foster parents can do, they begin to feel that *they* have failed. Many good foster homes are lost in this way. Here again, careful diagnosis of the child's difficulty is called for, either by the child welfare worker or by a psychiatrist, in order to determine if direct treatment of the child is necessary. In this way the agency assumes, with the foster parents, the burden of helping the child overcome his difficulties.

Foster parents are involved with the child's parents when they visit the child or if he visits his parents. Frequently, the parents' self respect is bolstered when they are respected by the foster parents and are recognized as the child's parents even though they are not carrying out full parental responsibility. Foster parents are helped when they are supported by parents in the way they are caring for and guiding the child. And the child is helped when his parents are accepted by the foster parents and he feels the interest and concern of all of them for his welfare.

The child welfare worker is the strong link that runs throughout this variety of relationships and binds them together for the benefit of the child. He helps and supports the foster parents in their relationship to the child and their care of him and in their relationships with the parents. On the basis of the circumstances involved in each child's situation, he plans for the parents' participation in the child's care in the foster family home, such as time, place and frequency of visits by the parents; visits of the child to his own home and the parents' financial responsibility. Parents turn to the child welfare worker with their problems in relation to the child and their questions about the child's care and treatment in the foster home. He helps the parents to take steps toward re-establishment of the home when this is possible and helps both parents and child in readjustment to each other when the child returns to his own home.

Thus the child welfare worker is involved in a three-way relationship with the child, his parents and foster parents. He must be able to maintain a fine balance in this relationship so that help is given in terms of the needs of each person involved and the responsibility each will carry in the child's behalf.

Care in institutions and group homes: Children's institutions have changed a great deal during the last quarter century. Fewer children are

being placed in them, those that are placed are placed more selectively and, in many instances, the purpose of the institution itself has changed. Even though this is true, a quarter million children still live in institutions.

This movement and change in institutions grows out of our rapidly expanding knowledge in the field of child growth and development and in related professions such as social work, psychiatry, medicine, psychology, and education. The programs of aid-to-dependent children and old age and survivors insurance have made it possible for many children to remain in their homes when deprived of financial support because of the death, desertion or absence of the parent. As a consequence, the number and types of children going into institutional care today has shifted greatly as compared with those children going into institutions 25 or 30 years ago.

Although diagnostic understanding of children's difficulties and problems is still in the developing stage, we now have greater understanding of the problems and difficulties that thwart the child's healthy growth than we did a generation ago. Diagnostic skills, imperfect as they are, have changed concepts as to which children need and can best profit from institutional care and have provided opportunities for study and experimentation in regard to the selective use of these resources.

Our expanding knowledge of child growth and development has brought greater understanding of what children need. Infants and preschool children require the continuous love and care of parents or parent substitutes within a family setting for their development. Studies have shown the ill effects upon the emotional, social, intellectual, and physical development of infants and young children who have spent most of their short lives in group settings or institutions. For these reasons, infants and preschool children who need care away from their own homes are being placed in greater numbers in foster family homes rather than in institutions. Even though too many infants and preschool children are still being cared for in institutions, the total number of these children has decreased and efforts are continuously being made to reduce their number even more.

The advancements in preventive health and medical care have increased the life span of our population. Fewer children lose their parents through death. Whereas at the beginning of the century many so-called "orphan asylums" were caring for children, present-day institutions have few orphans in them.

Developments within the social work field itself have also tended to push downward the number of children going into institutions. The reasons why institutional care is sought for a given child have been modified and more careful selection made. The use of homemaker service is one of these developments. As homemaker service is more widely available, brothers and sisters in large families who in most instances have to be separated when placed in foster family homes or sent to institutions if they are to remain together will be able to remain in their own homes. The need for institutional care for these children will be correspondingly diminished.

The expanding use and development of foster family homes also has reduced the number of children going into institutions. During the last 25 years, the number of children in foster family homes has steadily climbed while the number in institutions has steadily declined. The placement of infants and young children in foster family homes rather than in institutions as a result of greater understanding of the need of children for parental relationships and family living accounts for part of the increase and decline between foster family and institutional care. Also, some children who cannot make an adjustment in the ordinary foster family home and who would have been placed in institutions, in recent years are being cared for in "specialized" foster family homes.

As the number of children going into institutions has decreased, reasons for placement and the character of the institution have likewise undergone change. Hence, the purpose of the institutions serving children and the task to be accomplished by them are being redefined. In this process, the question of which children can best be helped through institutional placement is receiving much attention.

This question is by no means new. For the past several decades, leaders in the institutional field have tried to classify by groups those children who could best be helped in an institution. This attempt, however, is now being seen as futile. Each child is so individual in terms of what he brings into the world, his experiences in living, the ways he has learned to respond to situations, his defenses, and what he needs, that because of his humanness, he defies classification and generalization into categories.

But one trend is unmistakably clear. Institutions which accept children for the sole reason that a child lacks a place to stay; whose only function is child caring—custodial care—are no longer leaders in the institutional field. More and more, institutions are being adapted to care for children whose difficulties are in the area of parent-child relationships, emotional disturbances, and behavior and conduct disorders. Of course, some of these children have always been found in institutions, but now the reasons for placement in an institution are weighted more heavily in the direction of emotional disturbance and behavior disorders. Children's institutions and group homes are emerging as treatment resources for children rather than as "asylums" for care. And the term treatment is used in its broadest sense including all facets of day-by-day living within the institution as well as casework or psychiatric treatment.

A residence in which six to ten children and staff live together is a group home. The staff is selected by the agency sponsoring the group home and given specific training in understanding children and working with the agency. Staff members are agency employees.

It differs from a foster family home in that the control of the child and the modification of his behavior is not dependent mainly upon the rela-

tionship between the child and the foster parents. The interaction of the group upon the individual and an individual child upon the group also controls and influences the child's behavior.

In addition to influencing the individual child through their relationship to him, the staff also plays a major part in determining the group climate and in furthering group standards and controls. But the group, itself, provides the plus element in comparing the group home with the foster family home.

The group home also differs from an institution. A group home is always community based. That is, the house itself is like most other houses in the neighborhood—it is an individual family home. Children placed in the group home use community facilities as do other children—schools, churches, recreational facilities, health and medical agencies. Indeed, one important reason for placing the child in a group home is to keep him close to and in the community and at the same time, provide him with a day-to-day living experience within a group.

Because of the naturalness of its setting within the community, the group home is particularly suited for some children. A child who may not be able to relate to foster parents may yet be able to function adequately within the community. For him a group home can offer the advantage of group living and continued training in meeting the demands of community living. This was true for Sarah W., age 11 years, 6 months, who was referred for placement by an agency that had unsuccessfully tried to help Sarah and her mother in her home.

> The conflict between Sarah W. and her mother had become too difficult for Mrs. W. to stand. The father had deserted them several years prior to the present request. Sarah felt that both she and her mother had been abused and rejected by the father.
>
> Sarah responded with extreme rage to her mother who subtly provoked these outbursts. But she got along well at school with her teachers and classmates and was able to establish a good relationship with the girls and the leader in her girl scout troop, even though she was not able to reach out to and initiate a personal friendship with children individually. Sarah was, indeed, a very lonely child and had no intimate friends.
>
> The mother became ill from cancer, and a homemaker was placed in the home. Sarah got along well with the homemaker although whenever she tried to approach her in a motherly way, Sarah would remark irritably, "Now don't start mothering me!"
>
> The child welfare worker concluded that a foster home did not seem wise for Sarah at this time. To be placed in a family would be too threatening for Sarah since she was clinging so tenaciously to her mother now that separation was pending. Sarah could respond positively to adults only when the relationship was not too intense or personal and spread over many children, as with her teachers and the scout leader.
>
> She could function in a group setting that was planned or structured as in the classroom or girl scout troop. For this reason, an institution with many children might result in her going along on a superficial basis

without any difficulty but with no facing of the basic problem of her relationship to her mother.

A group home would offer Sarah the advantages of group living and the support of a group. All of the girls in the home would have been placed there for many of the same reasons as Sarah and some, if not all, would have difficulties in the parent-child relationship. She would have a relationship with a house mother, yet this would not be highly personal. She would have the advantage of living in the community and continuing to meet the demands of community life. At the same time because of the smallness of the group, she would have an opportunity to develop personal relationships with individual girls—and the intimate climate of the group home would help Sarah come to grips with the basic problem affecting her relationship with her mother.

Child welfare agencies are experimenting with the use of the group home for emotionally disturbed children, for temporary or shelter care, and for observation and social diagnosis. Of course one group home is not used for all of these purposes simultaneously.

Institutions care for a larger number of children than a group home, although they vary greatly in size. Institutions also vary as to type of children cared for and as to purpose. There are institutions for dependent and neglected children, detention homes for delinquent children, State training schools for delinquent girls and boys, residential treatment centers for emotionally disturbed children. Some institutions provide shelter care for children, when, because of an emergency, the child is removed from his own home temporarily. Others provide care for longer periods. Some provide intensive treatment programs.

Both public and voluntary child welfare agencies are developing residential treatment centers for emotionally disturbed children. These have intensive treatment programs. Psychiatrists and psychologists are part of the staff of the center either on a full- or part-time basis, for consultation to staff and direct treatment of some children. Increasingly institutions that formerly gave care to dependent and neglected children are reorganizing their programs to meet the great need for service to those emotionally disturbed children who require institutional care.

Residential treatment centers, however, represent only one way of helping emotionally disturbed children in the child welfare field. Some of these children are given help in their own homes and others in specialized foster homes.

Shelter care for dependent and neglected children is receiving more and more attention from child welfare agencies and communities. For various reasons, emergency situations arise that require immediate placement of children for a temporary period.

Temporary care may be required for children when a parent becomes suddenly ill, is hospitalized, or dies and there are no close relatives or friends who can give emergency care. Or a child may be in immediate

danger because of neglect or abuse by a parent. When a child, for whatever reason, is without the care and protection of his parents, the community must assure that adequate care and protection is provided.

Unfortunately many communities do not provide adequate care and protection for these children. In some communities detention homes are used for the temporary care of dependent and neglected children. In some places separate quarters in jails are used for temporary care. Infants are frequently cared for in hospitals until a plan of care can be made.

Institutions cannot provide the care dependent and neglected children require when many other services such as detention care, study and treatment, or institutional care for long periods of time are included in the same program. Under such circumstances, none of the children receive the care they need.

The circumstances that make emergency care for children necessary, place a premium on a plan of care that offers the greatest amount of understanding and emotional security for the child. Increasingly foster-family homes are being used for this type of care. All infants and preschool children should be cared for on an emergency basis in foster family homes.

In shelter care the services of a child welfare worker are imperative at intake and in direct service to the child and his parents in making plans for the child's care on a continuing basis. A close working relationship with law enforcement officials and specialized courts dealing with children is essential since many of these children are placed by law enforcement officials and their stay in shelter care should be no longer than 24 hours unless on court order. A close working relationship with other social agencies is required in the acceptance of children from other agencies and in planning for their return home or for other arrangements for care.

An institution, whatever its type offers a more impersonal quality than a foster family home. It is impersonal in the sense that the place in which the child lives, the cottage or the congregate buildings, belongs neither to the child nor the institutional personnel. They are all part of the same thing—something bigger than any of them—the total institution. The child in an institution cannot feel that he is an intruder in someone else's home. Neither can he harbor a fear of losing his "home" since this is not a home.

But the impersonal quality of the institution does not negate the fact that a child has personal relationships with adults and children within the institution. In fact, a major part of the growth that takes place through the living experience in the institution, comes through the child's ability to establish meaningful relations with adults and other children.

Within the institution, as in a group home, the group operates as a control upon individual children. Many children who cannot accept control depending chiefly on adult-child relationships as in a foster family home, can accept control that springs from a group—that is what the group itself contributes to acceptable standards and ways of behaving.

An institution, like the group home, offers greater opportunity to structure the living experiences for the group of children served than does a foster family home. Although in a good institution, the social milieu and the order of living are designed to foster healthy development for the total group, each child must find his way and his own place with other children and adults within the setting.

An institution can offer the child security through the sheer regularity of day-to-day living. Since in their previous life experience many of these children have had little that was stable and consistent, order and routines promote a sense of security and well-being.

A child may be so damaged by the destructive forces within his own family that to put him at a *particular time* into the intimacy of another family would bring back his pain, unhappiness, and difficult behavior. Fifteen-year-old Pearl's experience in her own family was a major factor in the decision to place her in an institution rather than a foster-family home.

> Pearl is the youngest of three children. The sister next to her in age was 11 when Pearl was born. For her mother, the pregnancy with Pearl was a complete surprise and unwanted since she had thought she was "through with having children."
>
> From the first, the mother, who was always hostile and nagging in her relationship to the members of the family, rejected Pearl completely. Her sisters escaped from the family conflict through marriage and were out of the home when the family came to the attention of the child welfare agency. One sister stated in discussing the home situation with the child welfare worker that "mother has ruined my father's life and she is now ruining Pearl's."
>
> The father is totally incapacitated from a serious illness. He has always been an ineffectual person who retreated from his responsibilities as a parent.
>
> Pearl's problem centered around hostility and open conflict with her parents, especially her mother. Pearl stayed out late at night and ran around with bad companions. Although she is above average in intelligence and does well in school, she has lost interest and threatens to quit.
>
> The mother took Pearl to the juvenile court after she had hit her father in an uncontrollable rage. The court deemed removal from the home necessary and Pearl was referred to the child welfare agency for placement.
>
> The study of Pearl and her total situation including a psychological examination reveals that, as a result of extreme early damage and deprivation, she is unable to control herself. Pearl is infantile, frightened, anxious, and has little security either with adults or children. Her good intellect enables her to get along in a structured situation in school and, in a measure, brings her some security.
>
> When the court ordered Pearl removed from the home, the mother was overwhelmed with guilt and remorse. She declared that Pearl was not as bad as she had pictured her; that she had been too severe with Pearl; that

she should not have interfered with Pearl's choice of friends. She wanted Pearl returned home, rather than placed.

Foster home placement for Pearl at this time did not seem to be wise. An intimate family setting would stir up Pearl's feelings of deprivation and rejection. Her violent and hostile reaction to her mother showed that underneath she had great need and wish for her mother's love. Pearl would not be able to have a good relationship with foster parents at the present time. Also her mother, out of her own need and deep feelings of guilt, would not permit Pearl to succeed in a foster home.

Pearl's ability to get along in a planned or structured setting was a strength to be utilized through an institutional placement. All of these factors combine to make institutional care the best plan for her at this time.

How does the institutional setting provide the child with what he needs? In the first place, the child welfare worker helps the child understand why he is being placed in an institution, how he is to be helped, what is expected of him in terms of overcoming his difficulties, and how long he may have to stay—not so much in time, but in improvement. When the child understands why he is living in an institution, he is better able to use this experience to improve and return to community life.

The child welfare worker also helps parents understand what gains are to be achieved through placement, what is expected of them and their child, the amount and kind of responsibility they will be expected to assume, and how the institutional program and activities are planned to benefit the child.

The atmosphere of the institution is the all-pervading force in an institutional placement. The atmosphere should be one of permissiveness within limits which is consciously planned and developed and to which total staff is committed. But along with permissiveness goes a firmness that protects a child from harming himself or others and holds him to standards. He experiences freedom but within limits that are clear and consistent. The child feels accepted and that people care about him. He is freed to be himself, to feel safe, to trust and depend on those around him. And on the basis of this security and his sense of freedom, he begins to build positive relationships and to grow because the way is open.

The group, itself, influences the individual child. Children living in a cottage are bound together by strong ties of loyalty and friendship. A child strives to be accepted by the group and does not want to be left out or to seem different. He tries to live up to group standards and gains support and self-assurance through the group.

The cottage parents and other adults in the institution influence the group structure, the way it develops, and its standards. Children want and seek acceptance and good will from the adults about them—and the understanding adult uses this constructively with the child and the group.

Selection of staff is one key to a good institutional program. All members of the staff, house parents, cook, maintenance people, teachers, social

workers, supervisors, the administrative head, and others touch the lives of the children in the institution. Staff members must be people who love children and are able to express their love and concern; who are healthy, flexible, and warm; who understand and accept modern concepts of child growth and development and are able to grow in their capacity for permissiveness and yet remain firm in their relationships with individual children.

Continuous training and development of staff is requisite to an adequate program. The role and responsibilities of each staff member have to be clearly defined for him, other staff, and the children. Each staff member needs to feel his contribution to the total program is important and have this recognized by other staff members.

Children in an institution can thrive and grow only if the aims and activities of individual staff members reflect the overall objectives of the institution and the means developed to carry them out. Each member cannot act as a free agent, carrying out his responsibilities as he alone thinks they should be done. He functions in unison with all the other members of the staff in relation to the needs and treatment plan for each child.

The institution's program, services, and activities are vital to the happiness and growth of the children within it. Institutions, themselves, vary in their programs and services with the purposes for which they exist. Those geared to serving children whose behavior is so bizarre, hostile, or destructive that they cannot be tolerated in the community, are usually "closed institutions"—all activities and services, educational, recreational, religious, medical and psychiatric, are contained within the institution. The institution, itself, becomes the community and the child's total activities are largely, though not at all times, confined within it. Examples of this type of institution include: residential treatment centers, detention homes and some State training schools for delinquent girls and boys.

"Open institutions" on the other hand are those in which the child attends public schools and participates in some community recreational and religious activities while living in the institution. These institutions accept children who can continue to function within the community. A shelter care facility is an "open institution."

Some institutions have both types of programs. As a child is able to function in the community, he attends school, church, etc., in the community. Those children who require the protected environment of the institution have all of their activities within the institution.

But whether the institution is "open" or "closed", the activities, services, and day-by-day living are interrelated and coordinated in such a way that the child's total experience contributes to his growth and development. The houseparent, recreational worker, teacher, social worker and other personnel work with the child within a framework of a common understanding of him and his struggles to achieve satisfaction.

Periodic staff conferences on individual children including all persons having direct contact with a child and the supervisory staff build under-

standing of the child and his problems. Each person contributes his observations and experiences with the child and, from this accumulation of information, the child's progress or lack of it is judged, his underlying problems are more clearly understood, and goals and methods for helping him with them are formulated.

The children's activities in the institution are part of their daily living experience. When activities are planned thoughtfully, they can be challenging and creative to the child, bring out his hidden talents, contribute to his self-esteem and his sense of accomplishment, and increase his opportunities for warm relationships with other children and adults. Obviously these activities should be varied, cover a wide range, and have some relation to the child's cultural experiences in his community.

Casework services are always part of a good institutional program. The kind of institution and the group of children served, determine whether educational, psychiatric, or medical services are part of the program. Caseworkers within the institution play a vital role in the use a child makes of his experiences and thus promote his growth. Many children need individualized help in addition to the day-by-day living experiences and activities within the institution. Indeed, some children cannot take in these experiences and activities without such help from a caseworker. Other children may need psychiatric help to benefit from life in an institution.

Both the child and his parents must adjust to the changed situation brought about by the child's placement. The worker helps the parents and the child when necessary in this adjustment. The child wants to feel that his parents are concerned about him, interested in him, and care for him—and the child welfare worker is the bridge between the child and his family.

He helps parents to understand their child's need for them by encouraging them to visit the child, to bring him small presents, particularly on his birthday and other occasions, and to use every opportunity the institution affords to continue their relationship with him. Through these contacts with their child, parents experience at first hand the child's changed attitude, feelings, and behavior. The worker gives direct help to parents with their own attitudes toward and feeling about the child. As parents and child grow, the way is paved for the better understanding and more constructive relationship that may lead to the child's return to his own home.

Unfortunately, some children cannot have continued and meaningful relationships with their own parents during placement. And for some of these children return to their own homes cannot be the goal. Nevertheless these children may have deep feelings about their parents—feelings which will have to be recognized and handled, if the child is to be helped through institutional placement.

In the selection and use of an institution for a particular child, the child must be considered in light of all the circumstances surrounding him—

the problem the child presents; his age; his experiences in the family, at school, with his peers and adults; his attitude toward and relationship with his parents; the diagnosis and prognosis for treatment with the help of the psychiatrist and psychologist when necessary; the kind of persons the parents are and the severity of the problems they face; and their role and attitude toward the child and his placement.

The child welfare worker has to consider the strengths of an institution in helping this particular child and his parents since he cannot be helped in his own home. In making a decision in favor of an institution, the worker considers what it is the child will get in this particular institution that he cannot get in a foster family or group home or not to the same degree.

But even so, many children are in institutions who would do better in a different type of care. For example, Sarah the child referred to previously had to be placed in an institution because a group home was not available. Some acting-out and seriously disturbed children now in institutions could and would benefit from the experience of living in a special type of foster family home if these were available.

In actual practice, the child welfare worker must not only consider the child and his total situation in planning for him but also what resources are available in the community. Often he must make these resources do, even though they are limited in what they can contribute to the child.

Child welfare agencies have a serious responsibility to give leadership in developing more and better resources in communities in order that serious damage not be done to children through lack of adequate resources for care.

The goal in institutional and group care of children today is to provide the child with what he needs, when he needs it, and so long as necessary. If this goal is kept in view, only children who require this type of care to overcome their difficulties will find their way into institutions and group homes. They will be there by design, rather than by default.

Licensing of foster care facilities: The child who must live away from home and his parents requires good care, care that meets adequate standards. His parents and the community have the right to expect that he will receive the kind of care that will assure his physical, social, emotional, and intellectual well-being. Without this assurance foster care becomes a precarious and risky business.

Just as the community has recognized and assumed responsibility through legislation to protect children living in their own homes from neglect, abuse, and exploitation, so it has assumed responsibility through legislation for protecting children in foster care. Laws relating to the incorporation of institutions and agencies and the licensing of individuals, agencies, and institutions providing foster care are the instruments through which this protection is provided.

The incorporation of agencies and institutions, and the licensing of them and of individuals providing care for children away from their homes

raises some very fundamental questions. What is the philosophy underlying such a program? Which State agency should have the responsibility for study and recommendation regarding incorporation of new child-caring agencies and licensing of individuals, agencies, and institutions providing on-going services? Which of these should be licensed? How does the State agency carry out its responsibility? What is the difference between standards that are requirements and those that represent goals? How are standards determined and developed? To what extent can the welfare of an individual child be assured through the process of incorporation and licensing?

Underlying legislation in regard to incorporation and licensing of child caring facilities is the community's concern and responsibility to protect children and parents against those hazards and risks that neither the parent nor child is able individually to prevent.

The purpose of licensing foster care facilities is to protect the well-being of children by assuring adequate standards of care. It seems logical then, that the State agency which has responsibility for child welfare should also carry the responsibility for assuring good standards for children's care in foster placement. In most States this would be the State public welfare agency. In establishing standards and in helping agencies and individuals to meet these standards on a continuing basis, the participation and cooperation of other State agencies are essential. These agencies include the departments of health, education, safety, and sanitation among others. It is important, too, that agencies and institutions that are to be licensed be a part of developing standards.

All individuals caring for unrelated children and all agencies and institutions providing full- or part-time foster care should come within the scope of the licensing law. This will include foster family day-care homes and day-care centers, independent boarding homes not connected with an agency, as well as foster-family homes of approved agencies, group-care facilities, child-placing agencies, maternity homes for unmarried mothers, and children's camps. Through such licensing each child who must be cared for by persons other than his parents or close relatives will be assured at least a minimum standard of good care.

But the child is not the only one who benefits from licensing. The agency or individual caring for children and the community also benefit. The individual or agency knows that the services provided meet at least minimum standards and have the approval of the community. Contributors to and supporters of child-caring agencies know that they are supporting a program that meets community standards.

Child welfare workers are the representatives of the State in carrying out its responsibility for assuring adequate standards of care for children who are under its protection or that of licensed agencies whether in their own homes or in foster care. Before a new agency is incorporated or licensed, the responsible child welfare worker should make a careful study

designed to answer the following questions. Does this proposed program meet a need? Is the program being developed under responsible sponsorship? Are financial resources sufficient to maintain an adequate program? Does the sponsoring group have enough understanding and conviction about what children require for healthy development to give children adequate care and guidance? Will safeguards be established to insure qualified staff?

The study and investigation of groups of individuals seeking incorporation eliminates irresponsible or unscrupulous persons from exploiting children who do not have the protection of their own parents and families. It prevents well-meaning people who have neither the knowledge of children's needs nor the financial means to develop a sound program from establishing a service that will do children more harm than good. Through such studies child welfare agencies have an opportunity to channel interested sponsors of new activities into areas of unmet need in those instances where the proposed service is already being adequately given by existing agencies.

Licensing and supervision are the means through which adequate standards of care for children are insured. To guarantee good standards in the continuing care of children, licensing must be done on a regular basis—at least annually. To issue a license to an agency or individual on the basis of good standards will not guarantee that adequate standards will be maintained. By issuing a new license annually and by giving continuous help through consultation, the State licensing agency has an opportunity to make a systematic review and evaluation of total program and services and to assist in the development of better care to children on a regular basis.

Standards are based on current knowledge and opinion of the factors that make for healthy development of children. As our knowledge of child growth and development advances, standards for the care of children change accordingly. No standard will be genuinely accepted or actually put into practice unless the reasons back of it are clearly understood. Therefore the success of a licensing program is best assured when standards are developed jointly by representatives of the State agency responsible for licensing, the other State agencies involved, the individuals and agencies to be licensed, and the community. Developing standards in this way is an educational process. As the reasons for specific standards are discussed, what children need for healthy growth becomes clear to the participants. Also, where standards are developed through joint participation of every one concerned, the standards become "our standards"—not, something imposed upon the licensee.

Joint participation between the licensing agency and those to be licensed in the development of standards provides a factual base for determining which standards are requirements. Minimum requirements are those that every individual, agency, or institution must meet in order to secure or maintain a license. These include the basic things that every parent is expected to provide for his child such as adequate physical care;

safe, sanitary surroundings; education; recreation; medical care when needed; spiritual and religious training; and understanding guidance.

Some agencies and institutions have forged far ahead of minimum requirements. The child welfare worker through consultation is able to help some agencies reach minimum standards and others are able to move beyond minimum requirements toward the standards considered desirable goals. For those agencies who cannot or will not reach minimum standards, the worker encourages the agency to close voluntarily. When this cannot be accomplished, court action to close the institution or agency has to be undertaken. In such instances the State agency must have the understanding and support of the public as well as legal authorities.

Safeguarding the welfare of children through the licensing process is an important responsibility and is a task requiring staff sufficient in numbers and qualifications to work with all of the individuals, agencies, and institutions engaged in providing foster care to children. To spread the load, most State departments delegate to licensed voluntary child-placing agencies the study and approval of foster homes used by these agencies. The State department issues the license on the basis of the voluntary agency's study and approval.

What can actually be accomplished in safeguarding the welfare of children in foster care through licensing is admittedly limited. The license only insures that this foster home, agency, or institution meets minimum standards. It cannot insure good practices of the agency nor that children will have constructive experiences in the foster home, day-care center, or institution. Nor can it guarantee that a specific institution or foster home can meet the needs of a particular child. A licensing program needs to be supported by adequate administration of agencies serving children and the development in the community of all the services required to help troubled children and their parents so that facilities can be used on a selective basis for the benefit of the individual child.

Children who find new homes through adoption

Some children need permanent homes and new parents. Adoption is the way of meeting this need. Sometimes these children are orphans. More often, they are children born out of wedlock; occasionally they are children whose parents or relatives are unable to provide a home for them. Many are infants or very young children. Some are older children who spent the earlier part of their lives with their own parents or in foster homes or in institutions.

In adoption, as in all child welfare services, practices and concepts have changed rapidly during recent years. Better understanding of the importance to the child's healthy growth, of his need for continuous loving care from a mother or mother substitute in the first months of life, has led to earlier placement of infants in adoptive homes. Adoptive agencies with good standards no longer depend on psychological testing of young infants

as a prediction of what a child may or may not become; they are used to determine where the infant is *now* in his development.

Most children are adoptable: Adoption agencies with good standards now operate on the concept stated at the National Adoption Conference held by the Child Welfare League of America in 1951, "that any child is adoptable who needs a family and can develop in a family setting and for whom a family can be found that can accept him as he is . . ." [1]

This concept has challenged adoption agencies to seek adoptive homes for numerous children who, a decade ago, would have been classified as "unadoptable"—including children over four years of age, those suffering from physical handicaps, and some mentally retarded children. Although adoptive homes for these children are not easy to find, agencies have made great progress in providing some of these children with the love and security of adoptive parents.

For children in minority groups—Negro, Indian, and those of Mexican descent and those of different ethnic origins—adoptive homes are not easily found. To designate these children however, as "hard-to-place" children puts on the child the onus of the failures and shortcomings of adoption agencies and communities.

Adoption and other social agencies have lagged over the years in assuming responsibility and giving specific attention to providing services for these children. Agencies and communities have lacked experience and know-how in gaining entree to and in utilizing the leadership within minority groups. Adverse community conditions such as low income, bad housing, demoralizing neighborhoods have limited the supply of adoptive homes and at the same time increased the need for adoption and other social services.

A generation ago finding adoptive homes for white infants was difficult. Today, community attitudes toward adoption have changed. Adoption has become popular in our culture. For every white infant available for adoption there are at least five to ten applicants.

Adoption agencies have been giving specific attention to the adoption of children in minority groups for less than a decade. Yet, despite this great lag, much progress has been made particularly in placing Negro children in adoptive homes. Agencies have been able to bring this about by finding and using entrees to the Negro group, through interpretation to them of the Negro child's need for adoptive homes and explanations of the adoption process, by using Negro leaders in interpretation to the public, and in the administration of adoption programs. Much of this has been made possible by the generally improved economic and social conditions of this group. However, finding adoptive homes for Negro children and those of other minority groups continues to be slow.

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[1] Joseph H. Reid: Ensuring Adoption for Hard-to-Place Children. Child Welfare, 1956, 35 (No. 3), 4-8 (p. 6) (March).

Because of the reality of low income, poor housing, bad neighborhoods and the concomitant circumstances of minority groups and the great need for adoptive homes for children from these groups, the question of lowering standards for adoptive homes for these children has been raised. The solution, however, does not lie in setting different standards for income and other physical attributes—high for one group of children, low for another—but in the application of expert knowledge and skill in the selection of adoptive parents on the basis of a given child's needs.

If this is done, income and the physical environment will be seen in their rightful relationship to all the other factors affecting the well-being of the child, and methods of evaluating adoptive parents for all children will be refined. A flexible approach based on what the child requires for healthy growth is the prime essential in a good adoption program. And this applies to all children available for adoption, regardless of their race, color, or national origin.

Adoption services are a part of a total community program of services for children. The majority of children who go into adoption are those born out of wedlock. Unless the community provides adequate social, medical, and legal services to unmarried mothers, their children are placed independently, by private arrangement, through an intermediary, or through the black market. Other children are kept by mothers who are unable to give them proper care, because no other alternative exists. When a community lacks adequate adoption services either in amount or quality to deal with adoptive applicants, private placements, and black market operations are encouraged.

Good adoption services offer protection to the natural parents, the adoptive parents, and the child. In addition to casework services, adequate adoption services include wide interpretation of these services to the public; flexible policies in regard to residence requirements of the mother; and understanding and cooperation between people from many professions—social work, medicine, law, nursing, education. An adoption program must be supported by adequate foster care resources for the temporary care of children awaiting placement in adoptive homes.

The skills of the child welfare worker in adoption: The whole adoption process requires that child welfare workers have real understanding of human behavior and its motivation and skill in helping parents and adoptive applicants make momentous decisions that will have far-reaching consequences for children. It takes great skill and sensitivity to discern parents' capacities to be real parents and to help them clarify for themselves their desire and ability to provide a child with the love, care and guidance he must have to grow in health and happiness. It requires great skill, too, to help a parent give up his rights, prerogatives, and responsibilities for his child and release him so that he has an opportunity to have the security of stable family living and adequate parents.

In order to accomplish this, the child welfare worker must be able to understand the parents both as persons and as parents. He must have knowledge not only of the previous experiences of each parent, but also what meaning these experiences have for the individual. He must understand how these experiences are consciously or unconsciously influencing the parents' ability to assume the role of an adequate parent. He must be able to discern the parents' pattern of meeting difficult situations—their defenses—and on this basis reach tentative conclusions that are tested and retested during the interviews as to the parents' potentialities for change and for parenthood.

Parents grow and develop capacity for parenthood. An unmarried mother, because of her immaturity and the circumstances surrounding her pregnancy and birth of her child may at the time be utterly incapable of assuming the responsibilities of motherhood, yet this does not necessarily indicate that she has no potentialities for parenthood. She may at a later time mature to the extent of contracting a stable marriage and becoming a good parent.

As in foster care, the child welfare worker in an adoption agency must possess the skills and knowledge essential to evaluating the nature and strength of the parent-child relationship and what this relationship has to offer in terms of the growth and development of the child. The child welfare worker accomplishes this task through his understanding, interested, and sympathetic approach to the parents. He helps them to talk about themselves, their aspirations for themselves and their child. Through this process many parents are able to separate their own wants and needs from what their child requires. As a consequence, if they decide to do so, they can release the child on a sound basis, out of their own conviction that adoption is right and best both for them and for the child.

Of course, the actual termination of parental rights is a legal matter and must be done through a court of competent jurisdiction. This should be accomplished before the child is placed in the adoptive home.

Of great importance in successful adoption of children is the evaluation and selection of adoptive parents. Workers in the child welfare field are making consistent efforts to improve their knowledge, understanding, and skill in evaluating adoptive applicants' motivation in wanting a child, and their potentialities for parenthood. Adoption agencies with good standards have the services of a child psychiatrist to help child welfare workers gain more knowledge about and insight into the process of evaluating potential parents.

People seek to adopt children for a variety of reasons, conscious and unconscious. Most applicants have a real love for children and want them because of their own incapacity to produce a child, or to have other children in those instances where the couple has a child or children of their own. Any motive, other than the love of children and the desire to give a child an opportunity to develop to the maximum his own unique potenti-

alities is quicksand and cannot furnish the firm base on which the child can grow through sturdy childhood to a mature adult.

The relationship that exists between husband and wife, as well as their individual maturity and flexibility, is of utmost importance in determining whether or not the home is suitable for a child. The child thrives when parents love and respect each other. Through his parents, he gets first hand experience in his relationships with people and this, in turn, contributes to the development of his sense of having a place in the world and his relationships to other people. It takes expert knowledge and skills on the part of the worker to evaluate the relationship between prospective adoptive parents.

At the present time adoption agencies try to gain enough understanding during the process of applying and before the formal application is made for both the agency and the applicants to determine if it is worthwhile for them to go further. This is done through a series of interviews with the child welfare worker and sometimes through group discussions in which a number of adoptive applicants and the child welfare worker participate. Through this process some parents decide for themselves that adoption is not what they really want, and do not submit an application. Others are helped to understand that adoption is not the answer they are seeking for the problem facing them and to find a more appropriate solution. Couples who apply for a child to adopt and are accepted are studied as soon as possible. Thus each adoptive applicant leaves the agency with some understanding about the prospect of adopting a child.

In the study and evaluation of adoptive applicants, the agency's primary concern is the children who need adoption. Although adoptive applicants come to the agency with an expressed need—their desire for a child—the child welfare worker's *primary concern* is not in finding children for childless couples, *but* in finding parents for children bereft of them.

The focus of the study then is to determine the applicants' maturity, their readiness for adoptive parenthood, and their potentialities for providing the love, security, care and guidance required to further a child's healthy growth. The child welfare worker seeks to understand each adoptive applicant as a person, what his previous experiences have been, his feeling about not having children of his own and about having an adopted child, his health, interests, friends. The income of the family, housing, neighborhood conditions are also taken into account.

When the child welfare worker is clear that her primary responsibility is to the children needing adoption, refusing adoptive applicants becomes less difficult and painful. In such instance the worker can concentrate her efforts on helping the applicant to withdraw his request. One of the major problems that must be tackled by adoption agencies, however, is to develop more factual, definitive, and objective criteria for selection and refusal of adoptive applicants.

Prospective adoptive parents share in the selection of a child to be

placed in their home. The child welfare worker is guided by the preferences of the adoptive applicants, if any, as to sex, age, etc. Without the child's knowing it, arrangements are sometimes made by the child welfare worker for the prospective adoptive parents to observe a child before placement. In the case of older children, the child himself is given a voice in the selection of the home.

The child welfare worker gives the prospective parents information about the child's health and the results of physical and psychological examinations. Some agencies assume financial responsibility for medical treatment or correction of physical defects undertaken prior to placement. General information regarding the child's background, and in an older child, his experiences are also given to the parents. In those instances of physical defects, the diagnosis and prognosis of the pediatrician is supplied to the prospective parents.

Mental retardation cannot always be clearly and definitely diagnosed nor the prognosis determined. However, when all evidence points to mental retardation, the applicants are frankly told that this child may always be a slow learner. All of this is done so that the applicants realistically face their ability to love, cherish, and care for this child, and to stand by him when difficulties arise.

Supervision after placement of the child and until adoption has been completed is an important part of the whole adoption process. The adoption agency must give consent to the legal adoption, thus establishing a plan of life for the child that is as permanent as life can be and that has far-reaching consequences. Therefore, it is imperative that the agency really assume responsibility for knowing what the child's progress and development is in the prospective adoptive home before consent to adoption is given. Regular contacts with the child and the prospective adoptive parents are the means through which this vital responsibility can be carried out.

Supervision after placement has for its purpose helping the child and the prospective adoptive parents to adjust to each other so that the child becomes a real part of the family. The child welfare worker's role in supervision is positive and helping. Consequently prospective adoptive parents feel free to discuss their care of the child, the developing relationships, and difficulties that may arise.

This free exchange between prospective adoptive parents and the worker is not possible if the adoptive parents feel that they are on trial and the child welfare worker is checking to determine if they are being good parents to the child. They must feel that the child welfare worker is trying to help them grow into parenthood. For adoptive parents, just as natural parents, parenthood is a developmental process.

No matter how adequate the study, evaluation, and selection process, the actual introduction of the child into an adoptive home has major implications for both a child and his prospective adoptive parents. In spite of the preparation given by the child welfare worker, the child,

even if an infant, begins the actual experience of living in a strange and new environment, with new and strange people. The prospective adoptive parents begin to face realistically what it means to have a child as part of the household. Relationships between the parents, household routines and responsibilities and, in fact the whole of family living, are affected. Many prospective adoptive parents understand and expect these changes and can take them in their stride. Other adoptive parents may need more specific help. For example:

> Stephen was placed in the adoptive home at 18 months of age. He was a bright, attractive youngster. The child welfare worker soon discerned that the prospective adoptive parents placed great store by Stephen's precociousness. They would talk about his accomplishments before him and show him off to the child welfare worker and their friends.
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> The child welfare worker saw the possibilities here for later difficulties for Stephen and his parents. Unconsciously these prospective parents were getting immense satisfaction and pride as parents from Stephen's achievements. In the long run this pride might get in the way of their loving him for himself regardless of his achievement or lack of achievement. At the same time for Stephen they were stressing that the way to get his new parents' love and recognition was to be a "bright boy"—to be successful.
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> The child welfare worker talked to the prospective adoptive parents about what this might mean in their relationship to Stephen. She supported them in their pride in Stephen and the fact that they commended him for the things he did well, encouraged him in his efforts, and gave him opportunities to learn and to grow. But she helped them to understand that in doing this, Stephen must always feel that they love him for himself, whether he achieves or not. She discouraged them in having Stephen "show off" before their friends. The child welfare worker also cautioned them that Stephen might or might not continue to show these evidences of being a superior child as he continues to grow and develop. She encouraged them to relax and permit Stephen to grow at his own pace—whatever his rate of development might be.

Sometimes unexpected things happen in the child's development during the preadoption period with which the prospective adoptive parents need specific help and support. This was true for Mr. and Mrs. W.

> Irving was placed in the W. home at the age of six. He had had many previous placements in foster homes, prior to this adoptive placement and many unhappy experiences. His adjustment to his adoptive parents was slow and tenuous. After two months, he still referred to them only as "he" and "she". These parents were understanding and accepting, and permitted Irving to find his way with them. But they were completely upset when after a physical examination at school, Irving was found to have a spot on his lungs and was referred for further examination.
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> Mr. and Mrs. W. believed tuberculosis so serious a calamity that they questioned the wisdom of going through with their adoption of Irving and considered returning him to the agency. They felt the agency had been unfair and had deceived them when it reported that a medical exami-

nation showed Irving to be in good health. And worst of all this came at a time when Irving was just beginning to take hold, to put down roots in his new home.

The child welfare worker was able to help Mr. and Mrs. W. with their fears and doubts. She explained that mass X-rays given at school did not reveal nor confirm active tuberculosis. The appointment for a more thorough examination was to make sure what the spot on the X-ray indicated. She helped the parents understand how frightening this must be for Irving, too, that he needed their love and support now more than ever, and how this incident would give them an opportunity to convey to Irving just how much they cared for him—that he could always depend on them.

By this time Mr. and Mrs. W. had recovered from their initial fright. Fortunately a thorough physical examination showed Irving to be in excellent shape. Had the agency not taken seriously its responsibility for supervision after placement of the child, the disastrous effect on Irving of another rejection would have been appalling.

The introduction of a child into a family, and the merging of this new personality into the family interrelationships, sometimes brings to the surface attitudes on the part of prospective adoptive parents about themselves and each other—attitudes and feelings that were not expressed during the study, evaluation, and selection of the adoptive applicants. Child welfare workers need to be sensitive and alert to attitudes as they are revealed in the parents' discussions about their care of the child, where they agree and disagree, and the feeling-tones conveyed during these discussions.

For some prospective adoptive parents, facing the reality of having a child in the home stirs up old feelings of inadequacy at not being able to produce a child. Sometimes the child reaches out to one parent more than to the other and this may create feelings of rivalry or jealousy on the part of the other parent. Or one parent may use the child to gain advantage over the other or build up his esteem in the eyes of the marriage partner.

These reactions may be a normal outgrowth of changing relationships between the prospective adoptive parents. But, since the child learns, grows, and develops through his parents' love for each other as well as their love for him, these attitudes may spell disaster for the child's developing personality.

The child welfare worker through his continuing relationship with the prospective adoptive parents during their preadoptive period may be able to help them understand what is happening and its significance for the child's happiness—and through such understanding, parents may be able to deal adequately with these emerging problems. In some few instances when the difficulty is serious and cannot be satisfactorily resolved, the agency may have to take the drastic action of removing the child from the home. Such instances occur rarely, however, when the process of study, evaluation, and selection of adoptive applicants and supervision after

placement are done by a competent child welfare worker.

The child welfare worker plays an important role through direct relationships with a child going into adoption. Many of these children have lived in temporary placements while an adoptive home was being found for them. And, in many instances, a child welfare worker has been the one steadfast and continuing adult in the child's life. Unlike the child in foster care, parents are not available to form a bridge between the past and the future. For the child going into adoption, the child welfare worker is the bridge between what he leaves behind and what lies ahead. The child welfare worker helps the older child understand the nature of the temporary placement and supports him in looking forward to a home and parents of "his own." He continues with him until legally he has a home and parents of his own to be responsible for him.

Unmarried parents

The objective of casework service to unmarried parents is to provide them with help in relation to their present difficulties and to the problems that led them to have a baby out of wedlock. These parents come from all economic and social levels.

The unmarried father: Child welfare agencies too often do not recognize their responsibility to offer and provide help to unmarried fathers as well as unmarried mothers when this is needed and wanted. Many unmarried fathers are little more than children themselves—and need guidance and help. Usually other problems are present, such as the normal problems of adolescence, conflict in parent-child relations, lack of confidence in self.

Some of the fathers are married and have families. Unmarried fathers who have reached adulthood frequently welcome an opportunity to discuss how they became involved in fatherhood outside of marriage. Some questions with which unmarried fathers frequently want help are: problems about support of the child; should the father marry the mother if he is single; how can he continue his education if he is in school.

The unmarried mother: For the unmarried mother—many of whom are still in their teens—help may include assistance in securing financial aid; medical care during pregnancy, confinement, and the post-partum period; planning for living arrangements; arriving at a decision about a plan for the child; working out her own problems and relationships with her family and the father of the baby; and planning for herself which may include return to school, vocational training, job placement, or a more permanent living arrangement.

One important question confronting the unmarried mother is what permanent plan of care she can make for her child. Whether this question

poses a problem to the girl and the degree of difficulty involved, depends, of course, on the circumstances. Some unmarried mothers know what they want to do about the child. More often they struggle with indecision, guilt, fear, and confusion.

The problems that led to pregnancy outside of marriage are inextricably bound to the mother's ability to make a decision founded on what is *right* for the child and herself. The problems contributing to having a baby out of wedlock, her feeling about this experience and about the child have their origins in the context of each girl's life. As the unmarried mother is helped with her own social and emotional problems, the decision about a plan of care for the child can come out of the mother's strength rather than out of her neurotic need or expediency.

Early in pregnancy an unmarried mother wants someone she can trust and in whom she can confide. This is the time when the child welfare worker can best develop a strong relationship with her—the time when the doctor or nurse or others should refer the girl to the social agency. This relationship as it grows and is deepened and the worker develops greater understanding of the unmarried mother as a person, provides a base for help and support throughout pregnancy and the birth of the child. The ultimate goal of casework services for the unmarried mother is to help her understand herself better and develop more mature ways of dealing with problems.

Obviously this goal cannot be fully attained for every unmarried mother. What can be done for her depends on the degree and severity of the emotional damage she has suffered and on her native capacities. But casework services to the mother can safeguard the interests and welfare of her child.

Maternity homes offer the best solution for care of some unmarried mothers who cannot or do not want to remain in their own homes during pregnancy or who have no home or family. Maternity homes are no longer considered merely "hiding places" for unmarried mothers during pregnancy; they are treatment resources for those girls who can profit from group living. Casework services are an integral part of the maternity home program.

For some unmarried mothers who cannot remain in their own homes but who want and can profit from the interrelationships in a family setting, foster homes may be used.

Children suffering from physical and mental handicaps, chronic or long-term illness

Children suffering from physical and mental handicaps, chronic or long-term illness often come to the attention of child welfare agencies when these conditions are complicated by social and emotional problems. Referral may be from many sources, but frequently the source is a medical social worker in a hospital or clinic or a physician or nurse who recognize

the need of the family for help from the child welfare worker.

For the child difficulties may arise because of his own attitude or the attitudes of his parents or others toward his illness or handicap. The demands placed on the parents or other children by the extra care the illness or crippling condition entails, sometimes strain family relationships. A child may be very upset by separation from his parents during hospital or convalescent care.

Many of these children can be helped in their own homes through casework services to the parents and the child when necessary. Sometimes homemaker services may be used to relieve the mother so that she will be able to give the extra care the child's handicap or illness makes essential. At other times foster care may be required. Day-care services can be helpful to many of these children since they make it possible for them to associate with other children. A variety of community resources—medical, psychiatric, educational, social are required for this group of children.

When the handicapping condition is of such nature that institutional care is necessary, parents may need help in reaching the decision to place the child in an institution. They may also want information about appropriate resources for this care.

Child welfare workers, medical social workers, doctors, nurses, public health workers, psychologists, teachers all work together in behalf of children suffering from physical or mental handicaps and chronic illness. Medical social workers employed in hospitals, public health or other medical institutions are equipped through training and experience to provide social services to these children. When the social and emotional problems of the child are so interrelated with the illness that medical progress is impeded, the medical social worker within the medical or health agency may be more effective than the child welfare worker who is in another agency.

In other situations where the child is beginning to take the illness or handicap in his stride, the child and his parents may need to be encouraged to reach out and use the help offered by the child welfare worker. When the crippled children's program does not have a medical social worker in a local community, child welfare agencies should undertake to fill this gap.

Children known to law enforcement officials and courts

Children who are known to the police and other law enforcement officials and those who have come to the attention of specialized courts dealing with children are among those for whom the whole range of child welfare services are designed.

Some of these children are in difficulty with the law through happenstance. They are normal, healthy youngsters and after their first brush with the law will probably keep out of further difficulty, especially if some help can be given to them and their families.

Too frequently, however, children known to law enforcement officials are children in real trouble. Many of them are following community patterns in their antisocial behavior and activities—they are conforming to the mores of community subgroups. Others are disturbed, unhappy children—victims of family conflict and discord, unhealthy parent-child relationships, unsatisfactory school experiences, lack of appropriate employment opportunities or the absence of safe and stimulating recreational and leisure-time pursuits. With many of these children, problems were evident early in their lives, in their family, school, or community but no help was forthcoming. And unless help comes at this point in their development, they may be so damaged that their chances for later adjustment and re-education are very greatly and seriously decreased. Parents and others working with children, such as teachers, police and health personnel should be aware that certain signals may mean trouble and that child welfare agencies should be called upon to help in such situations.

Police and other law enforcement officials come in contact with many children and recognize the need for help beyond what they are able to give to the child and to his parents. In many instances children known to the police show difficulties in behavior that are not considered sufficiently serious to call for referral to the court. These are the children for whom child welfare services can be most effective. When these services are available, law enforcement officials are important sources of referral to child welfare agencies.

Many cases come before the courts in which children are involved. Child welfare agencies can be useful to the judge if he calls on them to make a study of the child and his family and their neighborhood relationships before making his decision. This is true in cases of divorce, for example, when the question of custody of the child is at issue and in situations in which guardianship must be established.

When juvenile courts do not have probation staff, child welfare workers are frequently asked by the court to make studies and recommendations for the judge's use in arriving at a decision. Also child welfare agencies are often asked to provide casework service to children and youth placed on probation by the court. Indeed, sometimes child welfare workers are requested by the court to serve as probation officers and become responsible to the court while performing these functions. Children whose offenses are not serious enough to require judicial review and action are often referred to child welfare agencies for services.

Children without guardians

Many children do not have natural or legal guardians. No one has legal responsibility for their care and protection. They have no legal status.

Because children lack maturity, the capacity to care for and protect

themselves, and the ability to make choices and decisions wisely, someone must be responsible for them and capable of acting in their behalf during their childhood.

Parents, natural and adoptive, have this responsibility for their children. But many children are without guardians for various reasons. They may be "given to persons" by their parents, sometimes at birth. The parents may wander off and the child may be reared with nonrelatives who have not legally adopted him and as a result stand in no legal relationship to him and have no legal responsibility for him. Nonrelatives may take a child whose parents have died and rear him as their own, yet do not legally adopt him. Some parents, because of mental illness and other reasons, cannot carry out parental responsibilities.

Children removed from their parents by court order frequently have no clear and definite legal status. Court orders often do not clearly specify the extent to which parental rights have been abrogated. Legal custody of the child may be given to an agency or individual, but whether or not the parent continues guardianship of the person of the child is not clear. This situation is further complicated when the parents' whereabouts are unknown and they are lost to the child.

Many situations arise in present-day living that require a legally responsible person to act in behalf of a child, such as consent for major surgery, consent to enter military service, consent to marriage. Guardianship of the person of a child should be clearly distinguished from guardianship of his property. A guardian of the person has a long-time personal relationship with the child, safeguards his interests and makes important decisions in his behalf. If the management of the child's property does not require specific knowledge and skills, the guardian of his person should also be the guardian of his property. But when one person acts in both of these capacities, his duties and accountability in regard to the property and the person of the child should be clearly distinguished. When the management of the property of the child requires specific knowledge and skills, separate guardians of the property and the person should be established.

Child welfare agencies should attempt to clarify the legal status of each child for whom the agency has responsibility. For those children whose legal status has not been definitely established, the child welfare agency should take the appropriate steps to have a guardian of the person appointed.

Neither the child welfare agency nor any member of the staff or Board should assume responsibility for guardianship of the person of a child under care of the agency. A guardian of the person not connected with the agency gives the agency a legally responsible person to work with in behalf of the child. The child committed to the child welfare agency for adoption, when parental rights have been terminated, and the agency has been empowered to give consent to adoption is an exception. The executive or some other member of the staff may be appointed guardian of the person of the child for the purpose of consenting to adoption.

The appointment of a legal guardian is a court procedure. The kind of person that is selected for guardian of the person of the child is of utmost importance to his welfare. Child welfare agencies can be of great benefit to the court in the recruitment and evaluation of suitable persons to be appointed as guardian of the person of a child under care.

Services to groups of children and parents

Men have always come together for discussion, for recreation, for cooperative endeavor, and for such purposes as transmitting a culture to children.

Many professions have a long history of working with people in groups—education, recreation, religion, public health nursing, and social work. As the various professions worked with groups, they began to see the growth and change in individuals and in the group that occurred through the interaction of the members with each other and with the leader. In social work this evolved into a method for helping individuals through their participation in groups. This method is now being used for a variety of purposes including the resolution of emotional and behavior problems of members of the group under the leadership of psychiatrists or social workers.

All child welfare workers as well as other social workers, know the importance of association in groups to the growth and development of individuals. The infant and young child develops not only through the interaction between him and his parents but also through the interrelations within the family—the primary social group. Growth continues throughout life—during preschool and school years, adolescence, adulthood—through satisfying group experiences outside of the family with children in the neighborhood, at school, in play groups, in scout groups, in church and Sunday school, at work. These group experiences may enhance or hinder normal personality development.

In the process of understanding the child and the problems confronting him, the child welfare worker takes into account the child's and his parents' association with groups—whether or not they have any, and how they operate within groups. Without knowledge and clear understanding of the significance of group membership to the social and emotional development of children and parents, an adequate diagnosis cannot be made, nor can a fully effective treatment plan be developed.

Child welfare workers help children and parents find and maintain satisfying relationships with groups. They must know when a child is ready to maintain himself within a group and to help him find the kind of group experience that will be meaningful to him. They encourage parents to participate in parent-teacher associations, the church or other suitable group activity. Child welfare workers, themselves, participate in groups as members and as discussion leaders, such as in staff meetings, committee meetings or community groups.

Like social casework the specific principles and techniques of social group work are acquired through professional training and experience in social work. In addition to the basic knowledge common to all social work, the social group worker must understand the social processes which occur in groups, the nature and significance of the interpersonal relations between group members, the group climate or atmosphere, and the negative and positive feelings revealed.

The social group worker must be able to feel with the group, sense the status values operating—the subgroups, the in-and-out groups. He must be able to diagnose where the group is at a given time and what promotes or hinders movement. He must be able to adjust his content and method to the changing needs of the group. If the purpose of the group is to help individual members in adjustment or emotional growth, the group worker must possess skill in individual diagnosis. He must also be able to accept conflict and help the group use this to advantage.

The social group worker respects the integrity of the group and the right of the group to self determination. He helps the group achieve its purpose.

The group work method is used in a variety of settings such as: casework agencies, hospitals, clinics, institutions, settlement houses, and youth-serving organizations.

In child welfare, help to children and parents is given through groups for various purposes. Sometimes the purpose is to help members of the group gain greater knowledge; sometimes to accomplish a specific task; at other times for social and emotional growth of members or for a combination of reasons. Children's institutions with good standards use groups in planned and purposeful ways to contribute to the child's growth and development. The child welfare worker leading such groups should be a trained social group worker, or have some specialized training in the group process.

Parent-education groups

Some child welfare agencies both public and voluntary have developed parent education programs. These programs are available to parents who wish to take advantage of them. The purpose of the program is to provide a means through which parents can talk about their experiences and problems in child rearing, family living and home management; to share experiences and problems with other parents; to gain ideas from other parents; to find security in the fact that all of their problems are not unique; and to learn from resource persons brought in by the group leader.

Parents are reached through their own established groups; parent-teacher associations, civic groups, religious and labor organizations. The program usually is planned around a series of meetings with agency staff members who have skills in group leadership. Experts from other fields such as medicine, home economics, religion, psychology, mental health,

anthropology are brought in to supply specific information.

Through participation in the group process, parents often grow in their capacity for parenthood. They also develop in their capacity for warm human relationships by learning to respect and accept differences, by gaining self-confidence and assurance, or by experiencing democracy at work in a permissive, accepting atmosphere, yet moving along the path toward definite goals. Parents may acquire new information or understand more clearly what is known about the normal growth and development of children and the effect of family and community relationships on the child's developing personality.

Parents requiring individual attention can be identified by the group leader and helped to use appropriate resources in the community. Parent discussion groups offer public and voluntary child welfare agencies an effective way to demonstrate their interest in and responsibility for promoting a good life for all children. Parent education programs bring the services of the child welfare agency close to a wide range of people in the community at large.

Many agencies, in addition to child welfare agencies, sponsor parent discussion groups or programs of family life education. Among others these include family service agencies, child health agencies, mental health agencies, educational and religious institutions, extension services of State universities and colleges of agriculture. Child welfare agencies sometimes furnish the leadership or participate in the development of such programs.

Day-care centers and nursery schools with good standards encourage parents to participate in their programs and activities, usually through the organization of parents' groups. Nursery school or day-care center teachers, child welfare workers, other social workers or persons from other fields lead discussions on child growth and development, and parent-child and family interrelationships. The essential requirement is that the leader be well informed on the subject matter under discussion, trained and experienced in leading group discussion, and aware of the importance of securing resource people equipped to provide expert help with specific subject matter. Parents, too, participate in program development and changes. They are encouraged to observe the program and suggestions are welcomed and considered.

Foster-parent groups

For many years child welfare agencies have brought foster parents together in discussion groups as a way of increasing their understanding of child growth and development and children's problems and their relationships with the agency, with the child and his parents, and in the formulation of certain policies.

Foster parents have been helpful to agencies in considering such things as board rates, allowances for children, the administration of clothing allowances, etc. Through these discussions foster parents learn

from one another, gain new knowledge and clearer insight into the foster child's behavior, grow as individuals, and become a vital part of agency program and administration.

Prospective adoptive-parent groups

Before a formal application is made or accepted by some child welfare agencies from couples who inquire about the possibilities of adopting a child, they are invited to meet at the agency with other couples to discuss adoption. The adoption process and reasons back of it are explained. The prospective adoptive parents are encouraged to talk freely about why they are interested in adoption, their ideas of child care, agency policies, and methods of studying applicants for adopted children, children available for adoption, the agency's knowledge of these children, and how it is acquired, the natural parents, etc.

Through such discussion, these couples gain a clearer understanding of what information the agency will need to have about them and how this is acquired. The agency gains some impressions of the prospective applicants themselves as they participate in group discussions.

For the majority of couples, these discussions serve to reinforce their desire to adopt a child and a formal application results. Since a relationship with the agency has already been established through the group, both agency and adoptive applicants have some understanding of the adoption process and can start at a point far ahead of what would otherwise have been possible.

On the other hand, other couples who participate in the discussion may decide that they really do not wish to adopt a child and agency time and effort are conserved by their voluntary withdrawal. Child welfare agencies have found that the group process of screening applicants helps to cut down on long waiting lists and prevents applicants from long periods of uncertainty before their application is acted upon.

Adolescent groups

During adolescence the need for association with peers is strong. Because of the rapid physical, social and emotional changes that take place during this period, the adolescent's feelings of security and self-confidence achieved through previous stages of development may be shaken. He reaches out for security and safeness to other adolescents similarly affected—and to adults. Hence these young people band together. Adolescents are in a stage of development in which talk, discussion and debate among themselves and with understanding adults become a form of recreation. The standards and values of the group often take precedence over those of parents and family. Hero-worship is also a characteristic of this stage.

The basic needs of adolescents thus furnish opportunities for child welfare and other social agencies to reach out to these young people. Some

child welfare agencies have developed discussion groups for adolescents. These young people are reached through their on-going organized groups at school, in church, at the community center, or in youth serving organizations. They are led by members of the professional staff of the sponsoring agency with experts in other fields called in to contribute on specific topics. Boy and girl relationships, relationships with parents, recreational and social activities including driving the family car, late hours and companions are among the topics discussed. Aggressive behavior and juvenile delinquency are also subjects with which adolescents are concerned.

Through such groups, adolescents acquire knowledge and receive guidance. They gain support and a sense of security from group participation.

Teen-age gangs represent groups of adolescents that are not reached or served by the traditional youth-serving organizations or social agencies. Most of these children have had unsatisfactory experiences with adults in their families, at school, and with adults in authority in the community. They distrust all adults. These young people band together on their own terms and with their own rules and standards of conduct. Such teen-age gangs are usually aggressive, hostile groups—committing acts of aggression against other gangs, adults, and the community, in general.

Nevertheless these groups of young people have potentials that can be harnessed to bring about change in their attitudes and behavior. Young people at this period need association with each other and the gang provides this. Some of them become leaders within the group and in this way gain recognition. Some achieve a sense of importance and prestige from their membership in the gang.

Observation of the activities of these young people often shows that the major part of their time is not spent in gang warfare or other destructive activity. They loll around at their hangouts—pool parlors, street corners, or candy stores that are blinds for other activities—just talking and "shooting-the-breeze"—as other adolescents do.

In many cities throughout the country workers are attempting to reach these teen-age gangs. These programs are sponsored by various agencies such as youth authorities, councils of social agencies and cooperative arrangements of several youth serving agencies. Workers go into neighborhoods and seek out the teen-age gangs at their hangouts. They try to gain the acceptance and confidence of these boys and girls. Once a good relationship has been established, they try to redirect the activities of the gangs to more constructive outlets.

Work with teen-age gangs cannot be fully effective unless some impact is made upon the neighborhoods where these young people live. This is achieved best when adults in the neighborhood, including parents, participate in planning for work with the gangs, and through their own efforts begin to correct the neighborhood conditions contributing to difficulties with which these youth are struggling. The social group worker joins with the residents of the neighborhood in doing something con-

structive with and for these young people.

To be effective in this most difficult and delicate task, a worker should have training and experience in social group work, and possess skill in individual social diagnosis, since he works with individual boys and girls outside as well as within the group. He must have a real liking for young people, a willingness to accept them as they are without imposing his own standards on the group. He must possess tact, judgment, and sensitivity.

Helping disturbed children

The group process is being used by child guidance clinics and some child welfare agencies to help children with emotional and behavior problems. Children continue to live in their own homes and come to the agency on a regular basis to participate in the activities of groups. These groups are carefully formed by the agency and led by a trained social group worker. On the basis of a careful clinical diagnosis, each child is placed in a particular group. In some instances, the purpose of the group is to orient the children to the agency and to the individual help they will receive. In other instances the group represents a treatment resource for the children who are helped through verbalization of their fears, hostilities and other difficulties, as well as through individual and group activities.

The group worker seeks to understand each child by studying his responses, relationships, or lack of them within the group. The worker also has the benefit of a study made by a caseworker, and a psychiatrist and psychologist, if given. The worker is sensitive to the interaction of the members of the group, establishes a relationship with each child that helps to support him when needed, brings shy children into the group, allays their fears by explaining facts, and helps them to feel safe and secure within the permissiveness of the group.

Some agencies are helping the parents of these children through social group work, also, although this has been done largely on an experimental base. Some of these parents have resisted help on an individual basis. Others have participated on a very superficial level. But if the child is to be helped, changes in the emotional climate of the family must be effected. Many of these parents can be helped through sharing their problems with others in a group, by getting support from them, and by discovering through the response of others how they are behaving in the group.

The group worker seeks to understand each member of the group, the interaction of its members, the feeling tones, and the currents and cross currents that operate. He must be clear as to purpose and focus of the group and through his ability to build a relationship, make suggestions and give direction that will enable the group to function in such a manner that the individual members are helped through their participation.

More information is needed to determine with greater accuracy which children can best be helped through the group process. Methods

and techniques need to be tested for their effectiveness. The degree to which the group approach can replace, supplement, or prepare the child or parent for individual treatment requires further analysis. The social group work method opens a way for child welfare agencies to reach and serve some troubled children and their parents.

Working together to serve children

The fact that many agencies in a community offer services to children means that programs and services must be closely related to each other if children are to be assured effective services and funds, whether from voluntary or public sources, are to be spent economically.

To achieve a closer relationship between services some child welfare agencies have extended their programs to embrace a variety of social services for children and their parents. Various combinations of services are found. Some agencies provide a broad spectrum of services—services to children in their own homes and to their parents, foster family care including specialized foster homes, group care services, and institutional care. Some limit themselves to one service—foster family care.

Agencies with a variety of services

Agencies with a variety of services find that a centralized intake permits and promotes a careful diagnostic evaluation of the difficulties of the individual child. Services required to overcome the child's difficulties can be determined on the basis of the child's requirements rather than on the services the agency has to offer. In an agency offering only foster family care, emphasis at intake may be centered on, "Does this child need foster family care?" rather than on, "*What* does this child require to promote his healthy development?"

Bringing a variety of services together within the framework of one agency does not in itself insure that the child's difficulties and needs, and what is required to meet them will be broadly considered. Neither will flexibility and continuity in providing services automatically flow from combining several services into one agency. The walls between departments or divisions within one agency can be as high and as difficult to surmount as if they were separate agencies.

Executive leadership and expert administrative planning are the means through which the various services can be related in serving a specific child. To achieve this close relationship means that staff must come together on philosophy and program objectives, policies and procedures, staff development activities, and case discussions. Through such activities staff gains understanding of the various services the agency provides, how children are helped through them, and their importance in meeting the changing needs of children. This is of particular importance in the child

welfare and public assistance programs administered by State welfare departments.

A variety of agencies

Good working relationships between agencies is also important. Children and their parents receiving service through child welfare agencies, frequently need help from other community agencies, such as health and educational agencies, child guidance or mental health clinics, recreational, and character building agencies. A well defined plan of referral and continued cooperation between the agencies brings all of the required services to help a given child.

The changing needs of children have been discussed in many connections but the focal point in meeting these changing needs lies in more adequate provision and better coordination of services. For example, a child in an institution who was benefited by its program is now ready for and greatly needs to live in a community in a well-chosen foster home. Can his transfer from the institution to a foster-care agency be accomplished with promptness and ease? Or must he remain in the institution long past the time of its usefulness to him because of road blocks in the referral procedures between agencies or lack of funds? How frequently do children who have been separated from their parents by the court remain for long periods in temporary shelter care because the agency to which they were referred for placement has not been able to work out a plan of foster care?

Sometimes existing programs and services must be reorganized to achieve better coordination of services. Are agency boards and executives willing to change and reorganize programs and services to meet changing needs? Can programs of existing agencies be extended to embrace new services so that the required services can be easily available when the child needs them?

Good working relationships between agencies serve as bridges and mutual respect is the support upon which they rest. An understanding of the function and limitations of each agency spans the gap between them. Channels must be kept open to facilitate the free flow of information and ideas. Procedures for referral of children and their parents from one agency to another should be clearly set out and easily carried through. When several agencies are serving a given child or family, they should arrive at some mutual agreements about problems to be solved and ends to be reached so that services dovetail in meeting the child's difficulties. Otherwise services are isolated or segmented, rather than coordinated.

The heart of coordination lies in the extent to which the welfare of children is the bond for interagency relationships.

Community Planning for Children

One idea has reverberated like an echo throughout this pamphlet. Sometimes it has been expressed; at other times implied—but, briefly, the idea is this—"A wide variety of programs, services, resources and facilities are required to promote the healthy development of children."

Perhaps here it would be well to recall some of the reasons back of this idea—and what they mean to community planning. A child's chances for healthy growth are in direct proportion to the good growing conditions provided him in his family and in the community. Since children's experiences in living play a major role in their development, programs of prevention and treatment must constantly and consistently seek to improve family life and those community institutions, agencies, programs, and conditions that influence children's growth.

We know that children need continuous loving care from their parents. The community must make certain that parents are able to give their children adequate physical care and guidance. Providing good growing conditions within the child's family means building families strong enough to meet difficulties, to reduce the effect of destructive experiences in family living, and to prevent family breakdown and separation of children and parents.

Community safeguards for children

If present knowledge of what children require for healthy growth were put into effect, most communities could be made into good places for children to live. Community institutions, such as schools, health and recreation facilities, and churches, and community attitudes and standards help to shape the child's developing personality. We know how important it is for all persons who have a continuing relationship with children—parents, teachers, doctors, nurses, social workers and others—to be equipped with knowledge of child growth and development and children's health, educational, social and recreational needs—and that all programs for children should reflect this knowledge and provide the growth essentials required by children.

Community health, education, and welfare facilities and services both public and voluntary represent lines of defense against difficulties

and unhappiness for children and their parents. When child health programs, including community clinics and physicians in private practice, are available and equipped to give parents the guidance and help they need with their infants and children, the problem load which schools and social agencies must carry is thereby decreased. When school programs provide good and constructive experiences for children, fewer children need help from child welfare agencies. Community agencies that reach the majority of children can help to stop difficulties before they begin, correct some as they appear, and keep children growing in the way they should in our society and in our times. When income maintenance programs provide families with assistance grants that insure standards of health and decency and where this assistance is provided in a way that furthers self respect and adequacy, family living is made secure, and many children have an opportunity for a happy childhood within their own families.

We have seen how child welfare services, both public and voluntary, contribute to the social well-being of children and their parents. They are interrelated with all the other services present in the community. Any service to be effective must be supported by other services within and without the child welfare field, if children and parents are to receive the help and treatment they need when they need it.

The full gamut of child welfare services is not available in all communities. Many children living in their own homes are not receiving adequate care and guidance because services they and their parents require are not available. Some children who are in foster care could have remained in their own homes if early help had been available to them and their parents, and if adequate diagnostic services could have determined the strengths and values, within the family and the possibilities for improvement of the situation.

And where foster care is used, in many instances, its purpose is defeated because little or no help is given to the parents, with the result that many children lose their parents through long-time placement in foster care, and do not find new parents because they are not relinquished for adoption. Similarly many children now living in institutions could best be helped in a specialized type of foster home—but these foster homes have not been developed. Also some children who could be helped in an institution must remain in the community, because an institutional program suited to their care and re-education is not available. Many children find their way into State training schools because of the absence of other services that would meet their needs.

Unmarried mothers throughout the country are deprived of many needed services—financial, legal, medical and social. If adequate social services had been available in communities, they might have received help in the earlier years of their lives and avoided their present plight altogether. Many children are going into adoption without adequate services to protect them, their natural parents, and their adoptive parents.

All in all, we know that, in spite of both public and voluntary effort,

there are thousands of children and parents who need child welfare services but who must go without this help because the services are not available.

Even where child welfare services are available, they cannot be fully effective when parents cannot provide for even minimum needs of their children because of low financial assistance grants. In many communities, other parents not eligible for categorical assistance may have little or no means of financial help when needed because adequate general assistance is not available.

Psychiatric and mental health services for troubled parents and their children represent a crying need in many communities. In no community are these services available in sufficient quantity to meet the need.

No community has a well-rounded program that includes all the services, resources and facilities, either public or voluntary, required to safeguard its children. No community can fully achieve an adequate standard of child nurture and rearing for all of its children unless community leaders and citizens get behind such a program.

Contribution of community people

Community planning is the road to well-rounded community services to promote the well-being of all children. Present knowledge, though limited, constitutes the guide posts along the way. Informed, interested, and hard-working citizens must be in the driver's seat if community planning is to reach its destination. For it is the people who create, support and perpetuate all programs and services, whether public or voluntary, for the benefit of children—and in the last analysis progress depends upon them.

Community planning requires the cooperative efforts of people from all walks of life. But, at the same time there must be a leader, a person, a group of persons, or an agency, who can provide the knowledge and resourcefulness to bring together the groups of people to do the total job for children.

Leadership in community planning and action for children is both direct and indirect. The professional person concerned with developing or improving services, as for example: the child welfare worker, the superintendent of schools, the head of the child health program, functions most effectively in an indirect leadership role. In this role, the worker, beginning with a small group of citizens makes them aware of the problem and stimulates a desire for action. He identifies and encourages leadership from within the group. He supplies information, inspiration, and guidance. With direct leadership coming from lay members of the community the cause becomes a community cause, not the child welfare agency's or the professional worker's cause, and they will continue to work for it even after the professional worker is no longer there.

Because of the nature of his work and his training in community

organization, the child welfare worker whether in a public or voluntary agency may be the natural person to initiate planning for children. This is particularly true in certain rural areas where the public welfare agency may be the only agency providing child welfare services. There will however be other professional groups to help in the total community planning, such as public assistance workers, teachers, extension workers, doctors and nurses.

Organized groups such as parents' groups, women's organizations, civic clubs, veterans' groups, churches, youth serving organizations, labor unions, and professional associations are powerful sources for explaining, supporting, and developing needed services and facilities. When child welfare, family and public assistance workers, health workers, teachers, court officials, administrators, public officials and legislators walk shoulder to shoulder with these groups—and some organized groups are found in every community—and when each makes his own contribution—different in both method and content but of equal importance—something good happens for children.

Community planning is based on the accumulation of facts—facts about conditions affecting children favorably or adversely; facts about the number of children in the community in difficulty and what these difficulties are; facts about what is required to correct these conditions; facts about services, programs, and facilities, their adequacy and shortcomings; and facts about unmet needs and gaps in services. Many people will be involved in fact-finding—citizens as well as technical people. Information will come from numerous sources; some will already be on hand.

These facts should be analyzed as they bear on standards for services, facilities, methods of engaging the interest and support of groups in the community not presently involved, the ways of obtaining new technical or financial support, public or private.

Such factual data will need to be presented in interesting and challenging ways, and disseminated widely if the total community is to know, understand, and be moved to action. For instance one State achieved Statewide services for children through the device of holding local or regional "hearings" throughout the State to which people came and testified, presenting facts about the condition of children in their communities. Citizens participated in gathering the facts and in presenting them at the hearings. Many, many ways of reaching out to groups of people to enlist their support can be devised.

On the basis of the facts, and the gaps in services and the needs they reveal, both long-range and immediate goals can be projected. The steps to be taken to reach these goals require thoughtful consideration by many people and groups. Progress can be made only insofar as the community understands the purposes to be achieved and their value—and it is only when citizens are actively engaged in every step of the process that this occurs.

People who one way or another become concerned about children in

trouble or about neighborhood conditions that distort children's development and want to do something about them can frequently stir communities to action. Such groups often seek help from agencies on how they can go about doing something about a problem. What such groups can accomplish has been demonstrated in recent years by parents of mentally retarded children who have banded together, first locally, then on a nationwide base to bring about better understanding of the special needs of these children and to secure resources for their recreation, education, and training.

Other groups of parents or citizens have taken the initiative in developing local, State, or nationwide activities for special groups of children, those who are emotionally disturbed, those with cerebral palsy, those with impaired hearing or vision, or those with poliomyelitis. The support given by such groups to research into causes of the disease or impairment is one of the most striking and effective results of organized effort.

Volunteers

The services of volunteers can be of great value in extending child welfare services to a greater number of children and their parents, spreading understanding of these services and the needs of children throughout the community, and widening the base of citizen interest, participation, and support of programs for children, generally.

The contribution of volunteers supplements the services provided by the professional staff—and makes it possible for the trained staff to give more service to children. The services of volunteers, however, are never a substitute for paid professional staff.

If the agency is to use the services of volunteers effectively, it must have faith in the contribution that volunteers can make to the program and hence to children and parents. On the part of agencies, this requires imagination and resourcefulness in carving out assignments for volunteers that are worthwhile, challenging, and interesting and that give them a sense of being of real use to the agency and to the children served.

Just as child welfare workers need to be carefully selected for the job they are expected to do, so must volunteers be selected within this framework. They must have real liking for people, an interest in the program, and a desire to contribute to it. Also the volunteer must be able to devote the time necessary to accomplish his task on a regular basis.

In some communities, councils of social agencies and some service organizations have developed training programs for volunteers for service in social agencies. However, the agency in which the volunteer is to serve must provide the specific training necessary for work in the agency and on the job to which the volunteer will be assigned. Volunteers must also understand the philosophy, program, organization, and structure of the agency and the confidential nature of the relationship between the agency and the child and his parents.

Depending on the nature of the job to be done, and particularly if direct relationships with children or parents are involved, training should be provided by a qualified supervisor. Regular supervision of the volunteer is essential and periodically some evaluation should be made of the service given by him and the satisfaction he is deriving from it. Above all, the volunteer must feel the work he is doing is important to the agency—and worthwhile from the point of view of children and their parents.

Volunteers can do many things to increase the effectiveness of the agency's service to children and their parents. They can relieve the professional staff of some general responsibilities they carry and give them more time to devote their energies to specific responsibilities that only they can carry.

Some volunteers already have specific training and skills that can be drawn upon. For example, a volunteer who has training and experience in home economics can help foster parents and day-care operators plan nourishing menus for children. Such a volunteer can help day-care centers and institutions with suggestions on equipment, how to maintain good sanitary conditions, purchasing of foods, serving meals attractively, etc.

Volunteers with background in child development can be assigned to the agency's playroom where children wait while their parents are being seen or until the child can be seen by the child welfare worker. Such volunteers should be given special instructions by the supervisor on points to observe that will increase the agency's understanding of a particular child.

Other volunteers with skills in decorating and arts and crafts can plan the decoration of the agency's office or the playroom for children. Volunteers can serve as hostesses at the agency's annual meeting, open house, or at meetings arranged for foster parents.

Sometimes volunteers help in reorganizing and setting up card files; collecting and organizing all available material on a given subject; or setting up a card or tickler system to facilitate the work of the agency. Volunteers with skill in public speaking and public relations and intimate knowledge of the purpose of agency programs can interpret these services to key groups in the community. People with writing skills can help the agency with news releases, pamphlets and bulletins describing services, material for feature articles in magazines, radio and television stories.

Volunteers can assist the State department in carrying out its responsibility for licensing day-care facilities. For instance volunteers can be given responsibility for answering telephone inquiries about licensing procedures, what is required to meet minimum standards for a license, and handling general inquiries from interested persons who call the agency. Volunteers can locate those facilities caring for children that have not been licensed.

The services of volunteers can be used in many other ways in the child welfare program. Traditionally volunteers have helped child welfare agencies by transporting children and foster parents to clinics and other

places, purchasing clothing and serving as hostesses at agency affairs, yet in many agencies child welfare workers still spend precious time on these things.

At the present time, the majority of volunteers are women. More attention should be given to the contribution that men volunteers could make to child welfare programs. They can explain programs, their purposes and services, and what is required in the community if these are to be fully effective. Also among many families helped by child welfare workers are families without fathers, to whom a man volunteer could have great meaning in terms of a father figure to confide in, to represent values and standards the children admire and respect. Such volunteers can often include these children in activities with their own children. Many of these volunteers can be found in the neighborhood.

Volunteers often bring freshness and vitality to a program. They may become strong spokesmen for children when, through their participation in the program, they learn at first hand the disastrous circumstances under which many children live and what is required to alleviate these conditions.

A reservoir of citizen interest and talent exists in every community. The problem for child welfare agencies, like all other agencies serving people, is how they can tap this source of power in an imaginative and effective way to advance the welfare of children.

Boards and advisory committees

Child welfare agencies, both public and voluntary, have long had the benefit of help from State and local boards and advisory committees, composed of citizens and people from other professional groups. Child welfare agencies are continuously seeking for new creative and challenging ways of maintaining the interest and participation of these groups.

To develop a partnership with citizens in the interest of children, child welfare agencies must first have real conviction about the contribution that citizens can make to their programs and to the welfare of children. Staff must be willing to invest the time and effort required to work with boards and advisory committees in effective ways, and board and committee members must be given responsibilities and opportunities to contribute to agency programs in ways that are worthwhile.

People who are selected as board and committee members must have a genuine interest in the welfare of their neighbors, real leadership qualities, and willingness to give time to meetings and to carrying out other responsibilities. They should be widely representative of the community, taking into account the geographic, racial, religious, social and economic variations within the community.

The first task of the board or advisory committee is to become fully informed about the program and organization of the agency and the children the agency has the responsibility to serve. They must understand how the

agency carries out this responsibility. Board members can achieve this information and understanding in a variety of ways: through reading, through presentations by agency staff, and through working on subcommittees who, with the help of staff, secure information for the total group. The board or committee must also know about other community services and resources and the relation of these to the work of the child welfare agency.

The ways of engaging the interest and talents of boards and advisory committee members are numerous. They can be vital sources for presenting the agency's achievements and goals to the public and for bringing to the agency community attitudes and misunderstandings about the program. They can interpret to the community adoption procedures and the importance of these for the protection of children, natural and adoptive parents. They can study modern concepts of institutional care and help bring about changes to improve facilities. They can work for more adequate appropriations for child welfare, and for improvements in legislation.

Citizens can make an important and unique contribution to child welfare agencies by serving on boards and committees. Their efforts with the general public, officials, legislators, etc., are often far more telling and effective than the efforts of the professional staff.

State committees or commissions on children and youth

State Committees or Commissions on Children and Youth can be vital forces contributing to the welfare of children. They have important functions on a Statewide basis for fact finding about community conditions that promote the well-being of children and those that hinder their healthy growth; for determining the services, resources and facilities that are available for children and families and those that should be available; and for engaging in action to promote legislation, to develop services and facilities, and to extend and improve resources and services for children.

Through State and local committees, a wide range of people become actively engaged in study and action in behalf of children and their families. Through their activities, understanding and concern for children and what is required in the community to further their well-being becomes widely known. The interest and activities of these Committees or Commissions cover a broad range—in fact all programs and services that affect the well-being of children. Of course, in no instance should they operate actual programs or provide services.

Developing legislation for child welfare services

Good laws are basic to the protection of children and the development and improvement of services and facilities for their benefit. State laws relating to the establishment of public child welfare programs,

termination of parental rights, incorporation and licensing of voluntary child welfare agencies and facilities, adoption, custody and guardianship, interstate and intercountry placement of children, neglect, abuse and exploitation of children, and the prevention and control of juvenile delinquency are among those that safeguard the rights of parents and children and make possible the development of services, resources, and facilities for their benefit.

Without good legislation forward movement on behalf of children cannot take place. Poor adoption laws facilitate the movement of children into adoption without adequate protection or even into the black market. In the absence of a licensing law children who must live away from their own homes do so without even minimum safeguards to their care.

To be effective, legislation must clearly identify the agency's responsibility to provide the service. The law must be couched in terms specific enough to empower the agency to take all the steps necessary to provide an effective service.

As circumstances under which children live change, legislation must change. Outmoded laws need to be repealed, new ones passed, others revised, and all laws concerning children coordinated. And here again citizen understanding, interest, and participation are required. Working with citizens and civic groups on legislation that will accomplish what is necessary for the social protection of children in accordance with accepted standards is a responsibility of child welfare agencies.

Administrative Planning and Research

The quality of social services to children and their parents depends on the staff who give them—on their competence, their experience, and their personal qualities.

Qualified staff, a prerequisite

Social work education including experience in helping children and their parents deal with social and emotional problems are essential requirements for child welfare workers. Unfortunately the supply of fully-trained and experienced workers is limited.

For the present, in order to fill this gap, public and voluntary child welfare agencies may need to employ workers without the required education. When this is done, the workers should have the qualifications for entrance into a graduate school of social work, so that they may later be granted leave from their jobs, and provided scholarships or fellowships so that they may attend such schools. In many public child welfare agencies these workers are classified as "workers-in-training." They are carefully selected in regard to personal qualifications and educational background. They are given orientation to the agency and its program. They work with a limited caseload under competent supervision for a definite period. At the end of this time the worker is able to decide if child welfare is what he wants to do, and the agency is able to judge his potentialities for work with children and parents. When a mutual agreement has been reached between the worker and the agency and the worker has been accepted in a school of social work, leave from the job is granted and a stipend or salary provided for tuition and other expenses. Sometimes financial grants are also made to schools of social work for additional faculty or development of teaching materials.

All staff, whether they have full professional social work education, partial, or none, need to have opportunities to learn and grow on the job. This should be provided through a carefully planned orientation program when staff is first employed; regular and competent supervision for individual workers related to the individual's needs and focused on his professional development; institutes, workshops and group meetings for

discussions; and opportunities for staff to keep abreast of new knowledge and ways of serving children and their parents through current literature.

In selecting staff, agencies are paying greater attention to personal qualities of workers than formerly. They realize that unless workers have certain basic personality characteristics essential for work with children, children may be harmed rather than helped by service. Child welfare workers should have a genuine liking for people, the capacity to enjoy and relate to children, ability to form constructive relationships with a wide variety of individuals, and potentials for growth. These personal qualities are also important for staff members in children's institutions, house parents, and foster parents because they, too, are engaged in the task of helping children to grow.

But adequate services to children and their parents are not assured by improving quality of staff alone. The administrative organization and structure of the agency must be such as to permit staff members to use their capacities fully. Communication between staff members and the free flow of information throughout the agency contribute to the strength and vitality of services.

Staff should participate in the development of programs and the formulation of policies and procedures and report their effect on children and their parents to administrators. The size of caseloads should permit continuous and individualized service. In short, the capacities of staff, policies, procedures, and administrative organization and planning should be geared to effective services to children and their parents.

Research as a tool

Research, including the collection and analysis of statistical data, evaluation of programs through research methods, and research projects to develop new methods and extend knowledge, is essential to good administration and the development of an adequate and effective child welfare program. This requires staff trained in research design and methodology.

Not every child welfare agency can undertake research, but out of their own experiences, all can raise questions for study. Underlying work in child welfare and in other fields lie many assumptions, the validity of which ought to be tested. For example, is foster care really a good method of rearing children? What is the effect of the experience in foster care upon the child and upon his parents? Why is the incidence of unmarried mothers greater in the Negro group than in the white group? Are factors operating here different from those among white unmarried mothers? What criteria can be developed to make a diagnosis of which children and which parents can be helped best through the social group work method? Have we as a country reached the saturation point in finding good foster homes? What factors are operating here?

In addition, many child welfare agencies can team up with research departments of universities and with other research agencies—National,

State, and Federal—to develop and carry out research projects in child welfare.

In these studies they often can make use of methods that have already been developed and tested. For instance, methods for determining the unit costs of services provided in foster care and adoption have been worked out, and a "movement scale" for discovering the effectiveness of services has been devised. In the use of these tools, the child welfare agency will probably need the assistance of research workers, either on its own staff or secured from other sources.

Program reviews and analysis of statistical data, although not always classified as research, offer opportunities for agencies to improve the administration of programs and services. The child welfare agency can learn much about its program from analysis of the statistical data that every agency collects. For example, what are the services requested or problems revealed at intake? In what situations was the agency able to give help? Which situations was the agency unable to accept because of gaps in service, staff-wise or otherwise, to meet the problem? What requests for services mount or decrease during a given period? Answers to questions such as these may point up gaps in services, lack of staff or community resources, and other things the agency should set about to correct.

Then, too, through informal studies agencies can often improve their practice. The following is a description of what we mean by informal studies. A community concerned about the ever-increasing number of children going into foster care and about the many who were kept for long periods in hospitals and temporary shelter because foster homes could not be found set up a project with competent staff to evaluate carefully each request or referral for placement of a child away from home. Through this process, it determined which of these children could be helped in their own homes and which of them really needed foster placement.

Through activities such as these and through more formal research on such aspects of child welfare work as costs, caseloads, quality and effectiveness of services, a factual base for the extension and development of services can be provided. Child welfare agencies are accountable to the community. Evaluative studies, analysis of statistics and case data, and program reviews supply information for dissemination to the public, as well as for improvement of program, thus helping the agency to discharge in an important way this aspect of its responsibility.

Child welfare programs are changing and growing. This moving, fluid state is good, for out of it can come better services to children and their parents. But the great need now is to bring the programs' "reach" within the "grasp" of the children whose future productiveness and contribution as citizens depends upon these child welfare services.

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